

UNIVERSITY OF CAPE TOWN



DEPARTMENT OF SOCIAL DEVELOPMENT

THE APPLICABILITY OF THE THEORY OF PLANNED BEHAVIOUR
(TPB) TO THE CONDOM USE INTENTIONS AND BEHAVIOUR OF
MIGRANT YOUTH IN SOUTH AFRICA.

Ph.D. In Social Science
(Social Development)

By

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Supervisor: Prof. Johannes John-Langba

Submitted January 2020

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(TPB) TO THE CONDOM USE INTENTIONS AND BEHAVIOUR OF
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By

Aunt Manyongo Mosima Tantoh

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the requirement for the degree of

PhD in Social Development

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Supervisor: Prof. Johannes John-Langba

COMPULSORY DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Signature:

Signed by candidate

Date: 18th October 2020

DEDICATION

I would like to dedicate this study to the following persons, to whom I remain profoundly indebted and grateful for their role towards the pursuit and enhancement of my vision as a doctorate scholar:

The Almighty God; “now all glory to God, who is able, through his mighty power at work within us (me), to accomplish infinitely more than we (I) might ask or think” (Ephesians, 3V20).

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ABSTRACT

The study titled “The applicability of the theory of planned behavior (TPB) to the condom use intentions and behavior of migrant youth in South Africa” explores the predictors of condom use behavior and intentions of migrant youth in SA. It examines the influence of acculturation on the relationship between condom use intention and actual behavior. The background portrays migration ordeal as a current trend plaguing the socio-economic global fabric with an increasing flow rate in Africa. Conversely, South Africa’s (SA) economy and political position attracts an influx of youth migrants in compromised situations rendering them vulnerable to various diseases such as HIV\AIDS. The conceptual dimension of the study was substantiated by two major theories, the Theory of Planned Behavior (TPB) and the Berry’s theory of acculturation. In the salient phase of this dissertation, an elicitation qualitative study was conducted six months prior to the commencement with a sample size of 20. The purpose was to formulate the basis of this thesis, as informed by the theory of planned behavior and reasoned action, through in-depth open-ended questions. The study proper utilized a cross-sectional survey design in the 18 to 35 years cohort. The questions formation and design in the current quantitative study was informed by the findings of the elicitation study. Acculturation was used as a mediating variable. Similarly, Data was entered using EpiData Version 3.1 and analyzed using the Statistical Package for Social Sciences (SPSS) Standard version. In this study; the sample size probabilistically estimated to 500 participants. However, the data base that was validated following exploratory statistics was made of 454 participants from 31 countries with a return rate of 90.8%. The research findings indicated a Less than half of migrants in South Africa had a positive attitude towards the use of condoms, with a weight of 43.6%. The findings highlighted that pre-disposition to use condom is highly predicted by attitude. Less than half of migrants in S.A. had a positive attitude towards the use of condoms based on subjective norms, with a weight of 43.2% and this could explain why they had positive attitude towards condom only to a low extent. It was therefore recommended that the government of S.A. should improve on the regularization of migrants as to foster access to health care and so far, their self-efficacy. Parents should be sensitized on the need to enhance the use of condom by their teenager, sensitization of youth migrants in S.A. on risky sex behavior and notably the need to use condom should be increased and a model to enhance condom use shall consider all the predictive components because their combined effects strengthen intention and so far, the potential to act or behavioral outcome.

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LIST OF ABBREVIATIONS

Σ :	Summation Sign
AB:	Attitude about performing a behaviour
ACHPR:	African Charter on Human and People's Rights
AIDS:	Acquired Immunodeficiency Syndrome
ANC:	African National Congress
ATCS:	Attitude towards condom use scale
BI:	Behavioural Intention
CBO:	Community-Based Organization
CDC:	Centre for Disease Control and Prevention
CIA:	Central Intelligence Agency
CoRMSA:	Consortium for Refugees and Migrants in South Africa
CRC:	Convention on the Rights of the Child
DF:	Degree of Freedom
DEFF:	Design Effect
DOH:	Department of Health
DRC:	Democratic Republic of Congo
FNSP:	Food and Nutrition Security Policy
HIV:	Human Immunodeficiency Virus
HSRC:	Human Science Research Council
ICESCR:	International Covenant on Economic, Social and Cultural Rights
IOM:	International Organisation for Migration
IVM:	Integrated Value Mapping
LF:	likelihood Function
LLF:	Logged Likelihood Function
MRA:	Multiple-Responses Analysis
MRS:	Multiple-Responses Set
MSM:	Men who have Sex with Men
NACOSA:	National Aids Convention of South Africa

NDP:	National Development Plan
NGO:	Non-Governmental Organization
NP:	National Party
NSP:	National Strategic Plan
NYP:	National Youth Policy
OLS:	Ordinary Least Squares
PCB:	Perceived Behavioural Control
SA:	South Africa
SANAC:	South African National AIDs Council
SN:	Subjective Norms
SPSS:	Statistical Package for Social Sciences
STI:	Sexually Transmitted Infection
STSA:	Statistics South Africa
TB:	Tuberculosis
TLS:	Time Location Sampling
TPB:	Theory of Planned Behaviour
TRA:	Theory of Planned Action
UN:	United Nations
UNAIDS:	The Joint United Nations Programme on HIV and AIDS
UNDESA:	United Nations Department of Economic and Social Affairs
UNDP:	United Nations Development Programs
UNFPA:	United Nations Population Fund (formerly known as: United Nations Population Activities)
UNHCR:	United Nations High Commissioner for Refugees
UNOCHA:	United Nations Office for the Coordination of Humanitarian Affairs
USA:	United States of America
VDT:	Venue-Daytime
WHO:	World Health Organization

CHAPTER ONE

INTRODUCTION

“Unlike the early 1990s where there was the blithe assumption that national economic and social policy could respond to citizen’s needs, in today’s world, migration and development are intertwined in a far more complex set of transnational realities.” (Harcourt, 2007, p. 2)

Inherent in the above quote, is the need to unveil the complexities and correlation between migration and development as issues of this present era. Seemingly, socio-economic policy has become an adage in solving citizen needs. Notwithstanding, the intertwining relationship between migration and development has overlooked the youth as their core component and those who attempted to, treat them as a homogenous instead of a heterogenous group. Imagine these scenarios where a female client aged 21 tested HIV positive during her antenatal clinic visit. In her devastated state she pleaded with the staff to test her husband during her next visit without him knowing about her status. Notwithstanding, because she was afraid to disclose her status to her husband, it was arranged to have him tested in three weeks’ time when her CD4 (white blood cells) results is out. The migrant’s husband of 34years tested HIV positive but refused the result insinuating that it was witchcraft which is prominent in their home country (Malawi). In his attempt to prove with evidence he lifted his top (T-shirt) and there was his witchcraft claim scars of shingles (painful blisters) commonly known as “belt or night fire” associated with low CD4 or weakened immune system. His wife’s CD4 results was 1140 indicating a new infection. While that of the husband indicated a few weeks later at 270 CD4. The second scenario presents an enlightened couple who visited the antenatal clinic, and both decided to test for HIV. They both tested negative to the HI virus. The husband is a West African

migrant while the wife is South African, and both were aged 32. During her next visit, her medical records indicated that she was a known HIV positive for about eight years, on ART and newly wedded. She had refused to disclose her HIV status to her husband. In retrospect to both situations the 21 years female migrant is placed in a vulnerable situation in which she is susceptible to other HIV related illnesses. Notwithstanding the second state described an individual who is academically and economically empowered but decided to place another individual in a vulnerable situation (personal experience, 2004-2011). This study explored the reasons why individuals act or intent to act in certain ways when placed in different or the same circumstances resulting in different behavioural outcomes using the Theory of Planned Behaviour (TPB) and its constructs (attitude, subjective norms, intention and perceived behavioural control). Nonetheless, the world today is however, not ignorant of the plight afflicting youths caught in the web of technological insecurity and vast inequality. Therefore, there is a dire need for an interdisciplinary approach to youth issues with preventive health as principal focus. Youth in Africa face a deeper diaspora in their quest for economic empowerment. In the first scenario, the 21 years female migrant was afraid to disclose to her husband because of economic reasons, since she was new in the country and depended on him. However, the second scenario presents a 32 years South African female who is economically empowered yet refused to also disclose to the partner for the fear of been single (personal experience, 2004-2011). According to the Theory of Planned Behaviour individuals' attitudes and intention to act upon a certain behaviour may change when other factors as those above interplay. Migrant youth, however, are vulnerable to more, as they are susceptible to certain barriers and challenges that influence their ability to wholly participate in safe, respectful, social and sexual behavioural activities. This chapter provides a synopsis of the background to the study, establish the context, importance of the topic,

problem statement, or controversy in the field's underpinnings. It further illustrates the assumptions and clarifies concepts related to the study.

1.1 Background and content

Castles and Miller (1993), demonstrated how the trend of international migratory flow termed 'migration era' impacted the movement of migrants worldwide. In the current globalized context, this enormous movement poses a challenge to track due to data unpredictability. Conversely, international migration will always be an inevitable propensity, as the plight towards greener pastures cannot be altered. According to the International Organisation for Migration (IOM, 2015), the global migrant population can be estimated to about 1 billion people. Indicating more than one person to every seven worldwide is a migrant. Conversely, in 2009 United Nations Development Programme (UNDP) indicated 740 internal migrants worldwide.

Notwithstanding, in 2015, international migrants globally amounted to 244 million. This is an increase from the 2010 estimate of 214 million people and 191 million in 2005. Although, United Nations Department of Economic and Social Affairs (UNDESA, 2010), indicated a slight decrease in the migration flow from 2005 to 2010, IOM however, recorded a slight increase in the percentage of international migrants globally in 2015 (IOM, 2015). These numbers are slightly higher than that documented over the past years, reflecting 3.3% in 2015, contrasted to 2.8% in 2000, and 3.2% in 2013. Similarly, in 2010 America experienced a reduction in new entrance of migrants from 1,130,818 in 2009 to 1,042,625 (UNDESA, 2010). Notwithstanding, amongst the 10 popular receiving countries, USA remains the most popular, hosting about 46.6 million legal foreign-born in 2015 residing in the country (IOM, 2015). Germany hosted the second largest migrant flow of about 12 million, while the Russian Federation accommodated 11.9 million and Saudi Arabia received 10.2 million. The United Kingdom, which experienced a drop from 505,000

in 2008 to 470,000 in 2009 (UNDESA, 2010), accounted for 8.5 million in 2015 (IOM, 2015). Similarly, the United Arab Emirates harboured 8.1 million while Canada and France totalled 7.8 million each. This was followed by Australia at 6.7 million. Finally, Spain with a tremendous drop according to UNDESA, (2010), from 692,228 in 2008 to 469,342 in 2009 accounted for 5.8 million migrant stock by 2015 (IOM, 2015). Since gender and age are integral parts of migration flow, the following paragraph will therefore high light these.

In terms of gender, women's representation of 48% was lesser than that of men. Congruently, these figures differ accordingly. In Asia, women accounted for a lower proportion of 42%. This notwithstanding could be credited to the recent influx of men into this area. Europe and Northern America experience a higher assimilation rate of 52.4% and 51.2% respectively (IOM, 2015). Regarding international migrant workers by gender, men were above half at 83.7million, while women stood at 66 million slightly above 44% (UNDESA, 2015). As far as age is concerned, 72% of international migrants are of the working age. This also changes from region to region, such as North to South and vice versa. In the North, the median age is 43years older than that of the South with an average of 33years. In addition, it is important to note that 39 years is the global average age of international migrants and 15% (15 million) of the total migrant population is beneath 20years of age (IOM, 2015). At this stage it is of paramount importance to indicate that the age cohort of this study which is 18 to 35years, reflects on the global age parameters is in terms of the majority in migrants' stock. Similarly, IOM (2015) affirms the 2% increase in 2015 of South -South migration to that of South - North migration. This therefore amounts to 37% of the overall global migrant stock.

However, in 2015, international migrants born in developing countries stood at 90.2 million. This is an increase from the 2013, 82.2 million (IOM, 2015). Interestingly, the number of refugees globally was 21.3 million by 2015, a 55% increase since 2011. This

increase could be attributed to the civil war in the Syrian Arab Republic. Notwithstanding, the United Nations High Commissioner for Refugees (UNHCR) mandated 16.1 million refugees. Similarly, in 2015, 1.8 million people were registered as refugees marking an increase from the 1.2 million reported in 2014 (IOM, 2015). South Africa however, is amongst the countries in Africa receiving a substantial number of migrants' stock from Africa and the rest of the globe.

Interestingly, the migratory flow from 2000 to 2010, globally experienced a double migrant stock at yearly increase of 2million. .Surveys such as that conducted by the United Nations refugee agency UNHCR (2012) have shown a daily number of 3000 registered refuge worldwide. This number reported in 2012, is an indication of a fivefold increase from 2010. While in the period from 2000-2010, the progression in the migrant stock boosted 4.6 million yearly. Additionally, progress in the migratory stock reduced to about 3.6 million from 2010 and stayed constant in the developing countries (UNDESA, 2010). Regardless of the above explanations, globally, 34.8million young migrants were recorded in 2013 (UNDESA, 2013).

Nonetheless, in 2013, both the developing and developed countries conveyed 10% and 3% respectively in the age cohort 20 and under population. The former boasting of 62% migratory flow beneath 20years. (UNDESA, 2013). Empirical studies have indicated that the largest generation of adolescents is approaching adulthood in a fast altering world. Accordingly, the United nations has projected 200million adolescent migrants by 2015 to UN (2006). Notwithstanding, there are discrepancies in relation to data projected from developing countries.

Carnoy (2004, p. 215), indicated his scepticism towards global migration figures, based on porous border and other social issues. Data capturing in developing countries is usually a major task due to data inconsistency (Dorrington & Hill, 2013). Similarly, data on internal

migration in developing countries is also problematic. This is because data are either inaccessible or undependable, thus data usually depends on census which is taken every 5-10 years. Goddard *et al.* (1975) affirms that due to the hustle encounter during data collection, good and reliable data representing space and time may produce uncertain analysis.

Subsequently, considering the frequent Xenophobia and Afrophobia attacks of South Africans on foreign nationals, these incidences have aroused stigma around asylum seekers and refugees in South Africa. Thus, it may be assumed that data collected does not reflect the reality, since migrants are afraid to denounce their status. In view of the above, finding dependable data in South Africa has become problematic. Although the South Africa's population is currently about 57,244,086, the 2011 census reported that, approximately 1.7 million of the then 51.7 million South Africans were foreign nationals (Statistics South Africa, 2012).

Conversely, Statistics South Africa (2013), identified the following countries as beneficiaries of the 64% permanent residence permits issued in 2012. From Africa, Zimbabwe had the largest representation of (20%), Congo (7%), Nigeria (5%), and Democratic Republic of Congo (DRC) (3%). The European recipients totalled 16%, Germany (5%), and UK (11%). Conversely, China and India both received (7%) and (6%) respectively. AfriCheck (2012), draws our attention to the limited number of Asylum applications approved by the South African issuing authorities. About 15% of asylum seekers were granted in 2011. What is not yet clear is the impact of these low level of processed documentation on migrant youths in the assumed pursuit of preventive health care services. In South Africa documentation identification is required for health care access. Lack of proper identification will pose a problem to the youth as they attempt to access services related to prevention and health (Tantoh, 2014). However, much uncertainty still

exists in the relationship between been a migrant and performing ones right to health as prescribed by the South African Refugee Act (Act No. 130 of 1998). Notwithstanding, their choices may impact on development and social issues sharpening their lives today as well as the future (Juarez & Martin, 2006).

1.1.1 Country profile

Located in Southern Africa, South Africa boast of 1.2 million km² in land mass. This vast area consists of plateau, savanna, desert, mountains and coastal plains. Climate wise, South Africa depicts a moderate climate, which is mostly semiarid, subtropical along east coast bearing resemblance to that of Southern California. Bordered by five countries: Swaziland (403 km) and Mozambique (491 km) to the east; Zimbabwe (225 km), Botswana (1840 km) and Namibia (969 km) to the north. South Africa encompasses the small kingdom of Lesotho 909 km (Statistics South Africa, 2012).

Figure 1: Map and location of South Africa (Source: World factbook, 2017)



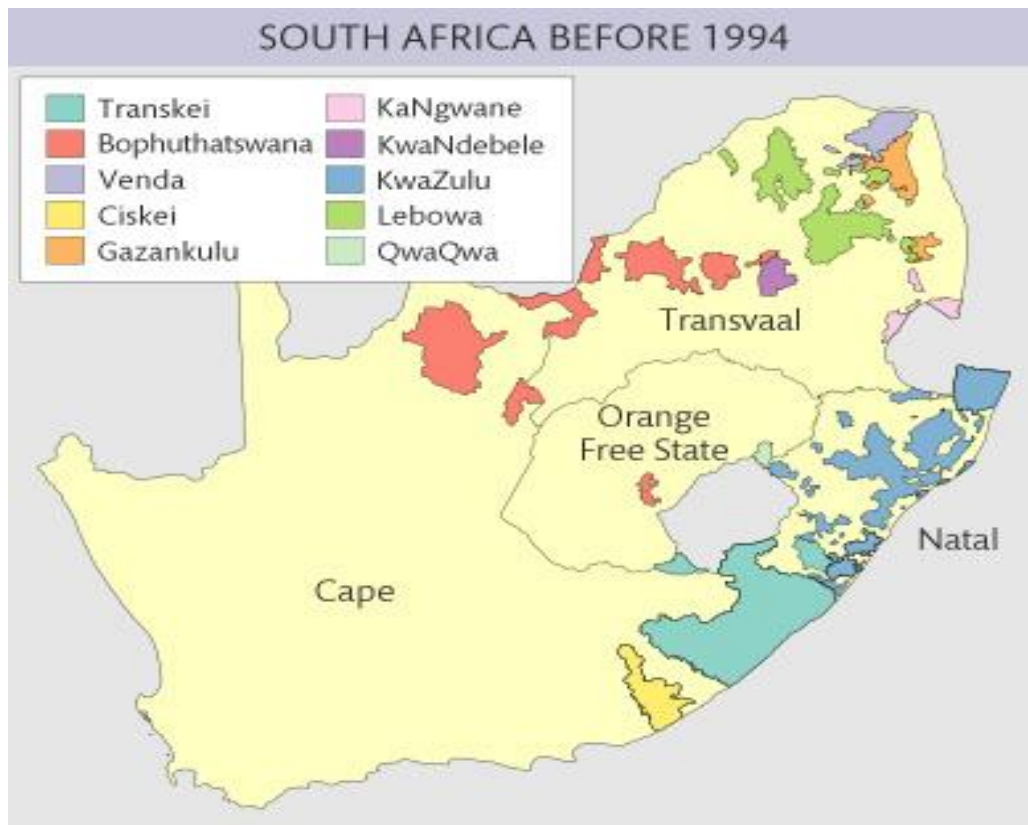
South Africa, also called the “Rainbow Nation”, is not different from the ethnical diversity predominant in most African countries. This is based on the country’s multicultural population of 55.9 million people: black African 80%; white 8.4%; coloured 8.8%; Asian /Indian 2.5%; and a non-specified other. In retrospect of the country’s apartheid history, it is paramount then to present South Africa’s profile pre and post 1994 (Statistics South Africa, 2012).

1.1.2 South Africa before 1994

Before the Dutch settlers arrived in mid-17th century, South Africa was occupied by: the Xhosa, the hunter-gatherer San, the Zulu nations, the pastoral Khoekhoe (Khoi), and other indigenous tribes. The Dutch, German and French Huguenot perused an aggressive expansion as they colonised southern and western coastal strips while imperilling the Khoi tribe in the process.

Accordingly, the British in 1795 occupied the Cape from the Germans for seven years and lost it to the Germans. In 1806, British again reoccupy the Cape. Notwithstanding, coupled with the emergence of the Zulu King Shaka, most of the Dutch settlers (the Boers) were compelled to hike north and east in quest for acquisition and formation of new territories(World factbook, 2017).

Figure 2: Map of South Africa before 1994 (Source: World factbook, 2017)



South Africa was divided into four provinces before 1994: Natal and the Cape once British colonies, the Boer republic was represented by Orange Free State and Transvaal (see figure 2). Conversely, there existed the widely dispersed grand apartheid “homelands”. Here black South Africans were obliged to obtain citizenship passes in these phoney states.

The years 1867 and 1886, diamond and gold were discovered respectively. This discovery led to a spiral in wealth and immigration, thus strengthened the suppression of the native South Africans. This persisted till the close of 20th century. The following are some of the historical dates in the South African history prior to 1994. These dates ranged from 1910 to 1994.

In 1910: The emergence of the Union of South consisting of Boer republics of Transvaal, and Orange Free State and British colonies of the Cape and Natal

In 1912: The Native National Congress was created and converted to the African National Congress (ANC) (Statistics South Africa, 2012).

In 1948: The National Party (NP) came to power and implemented the policy of apartheid (separateness).

In 1960: This year registered the killing of Seventy black demonstrators in Sharpeville and the outlawing of the ANC.

In 1976: The Soweto uprising recorded above 600 deaths in clashes between black protesters and security forces. These occurrences posed a major challenge to the white rule.

From 1991-1994: This is a period of negotiations aimed at concluding apartheid era thereby, recording the emergence of Nelson Rolihlahla Mandela as the first elected black president, in a non-racial Government of National Unity (World factbook, 2017).

1.1.3. South Africa after 1994

Today's South Africa since 1994 is a statutory democracy depicting a trio layer classification of government, namely: the legislature, an executive and an independent judiciary. The democratic South Africa is a 24 years' adult with three successions of presidents: Nelson Mandela, Thabo Mbeki, Jacob Zuma and currently Cyril Ramaphosa. The President holds the office of "head of state and head of government". Furthermore, the "National Assembly" and the "lower house of Parliament" comprise of "400 members" who are voted every five years. South Africa has nine provinces specifically: Western Cape, Eastern Cape, Limpopo, Free State Gauteng, KwaZulu-Natal, North West, Northern Cape and Mpumalanga (see figure 3). Each province has its own premier, executive council and legislature with distinguishing countryside, climate, and population (World factbook, 2017).

Figure 3: provincial map of South Africa after 1994 (Source: *World factbook*, 2017)

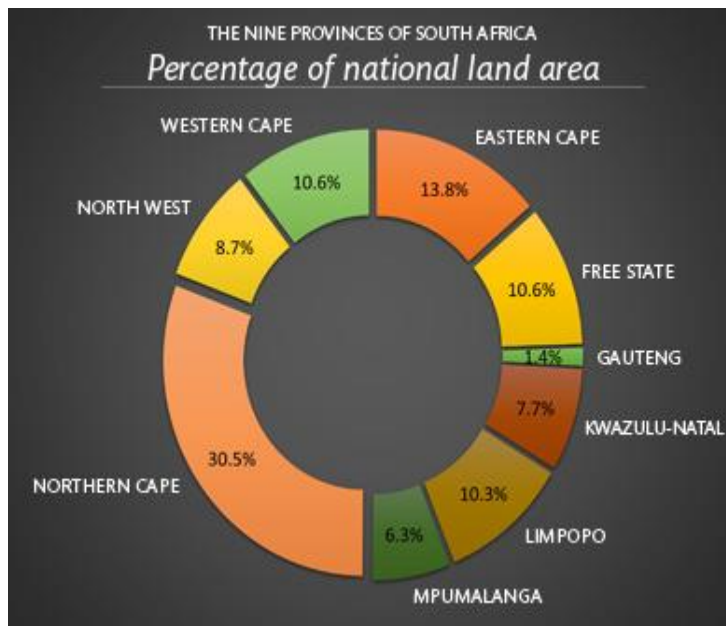


Pretoria and Cape Town are the country's administrative and legislative capitals, while Bloemfontein (Mangaung) is the judicial capital and Johannesburg the largest city. The country boasts of 11 official languages: Afrikaans 14.4%, English 8.6%, Tshivenda, isiXhosa 17.9%, isiNdebele, Sesotho sa Leboa 9.2%, Sesotho, siSwati (Swazi), Setswana, Xitsonga, and isiZulu 22.9% which is the most spoken first language (Statistics South Africa, 2011). Conversely, the population of those practicing sign language is at 0.5% while non-classified other stays at 1.6%. South Africans practice one or more of the following religions: Christian 79.7% similarly, Atheist or Agnostic 15.1% and Muslim 1.5%. Notwithstanding, the country reflects less than 1% of Traditional African beliefs, Judaism, and various other beliefs (Statistics South Africa, 2012).

The land area covered by provinces is contrary to the actual population. According to Statistics South Africa (2015), the immense incongruities reflecting the land size and

inhabitants of each province, from miniature and “crowded Gauteng to the” enormous, “arid” and untenanted “Northern Cape”. Accordingly, Mpumalanga is projected after Gauteng, as one of the smallest. The rest of South Africa’s land area ranging from 8% to 14% is covered by the other provinces. (Statistics South Africa, 2015).

Figure 4: Diagrammatic illustration of land area by provinces in South Africa

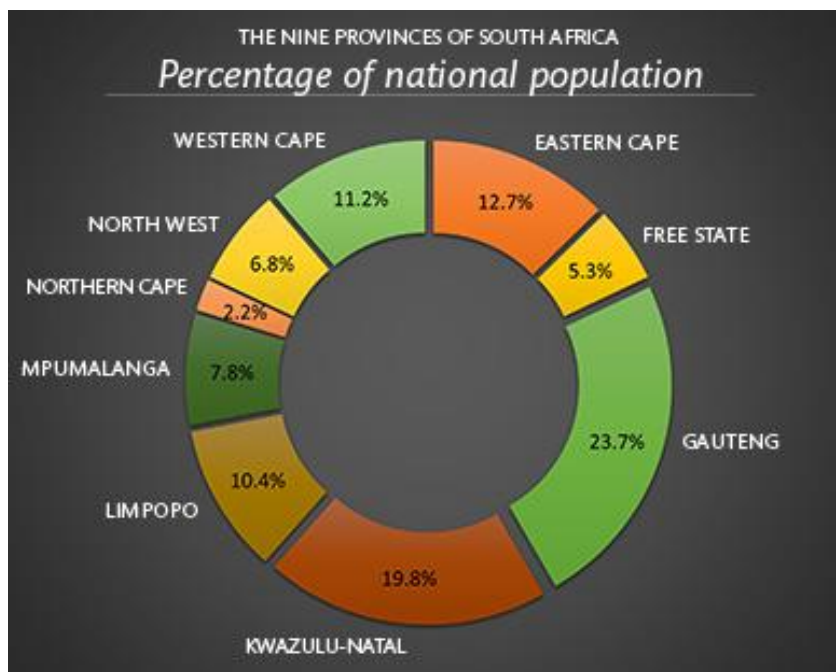


(Source: Statistics South Africa, 2015)

Inherent in the above, Gauteng, with only 1.4% of the national area, covers 16.54 km, followed by Mpumalanga at 6.3% reflecting 76.495 km. KwaZulu-Natal mirrors 7.7% at 94.361 km, North West boasts of 8.7% and 106.51 km, similarly, Limpopo lingers at 10.3% with a 125.755 km. Western Cape and Free State both terries at 10.6% with the former registering a 129.462 km slightly lower the later at 129.825 km. Eastern Cape the second largest by land mass accounts for 13.8% and 168.966 km. Northern Cape stands at 30.5% with 372.889 km (Statistics South Africa, 2015).

The importance of these to this study can be understood with the following explanation based on actual population density. It explains why the research was carried in the smallest province of Gauteng precisely Johannesburg and Cape Town in Western Cape. The study areas where sampled based on the immense foreign population in these cities, their border locations and economic capacity acts as a drive for migration flow (see figure 5).

Figure 5: Diagrammatic illustration of the population by provinces in South Africa



(Source: Census 2011, Statistics South Africa, 2015)

Fundamentally, Gauteng and KwaZulu-Natal registered the highest population density irrespective of small land mass. Northern Cape with the largest land capacity is the least populated province.

Mayosi and Benatar (2014), trace the growing socio-economic inadequacies of the twenty years old democratic South Africa to Apartheid. The apartheid period was marked by discrimination, gross inequality and inhumane verbal and physical abuse on Blacks by White South Africans. This is currently affecting the living standard, inequality, equity,

unemployment and poor quality of life generated by degrading living condition in South Africa. Venter and Badenhorst (2014), identifies urbanisation as the major cause of the above-mentioned social vices as individuals quest for greener pastures in cities. One criticism of much of the above literature on urbanisation about South African is its limitation to internal migration. The downside of urbanisation is not limited only to internal migrants but migrants in general. Similarly, Turok's interpretation overlooks the plight of cross-border migrants but focusses on internal migrants and the effect of urbanisation on the latter such as; difficulty in proper housing condition, sanitation, violence and impaired service access especially health services (Turok, 2012). Although, the South Africa's National Development Plan (NDP) posit on a way forward, looking at integration and proper service delivery for internal migrants (National Planning Commission, 2011). NDP's analysis does not take account also of cross-border migrants nor does it examine the challenges especially that of documentation that hinders access and movement to this group (Tantoh, 2014). There is a consensus among certain scholars in current publications depicting the reduced effect of migration on urban growth despite the high population mobility (Bocquier & Mukandila, 2011; Potts 2009). The table below gives an explicit overview of these.

Table 1: An overview of the population density and land area by province.

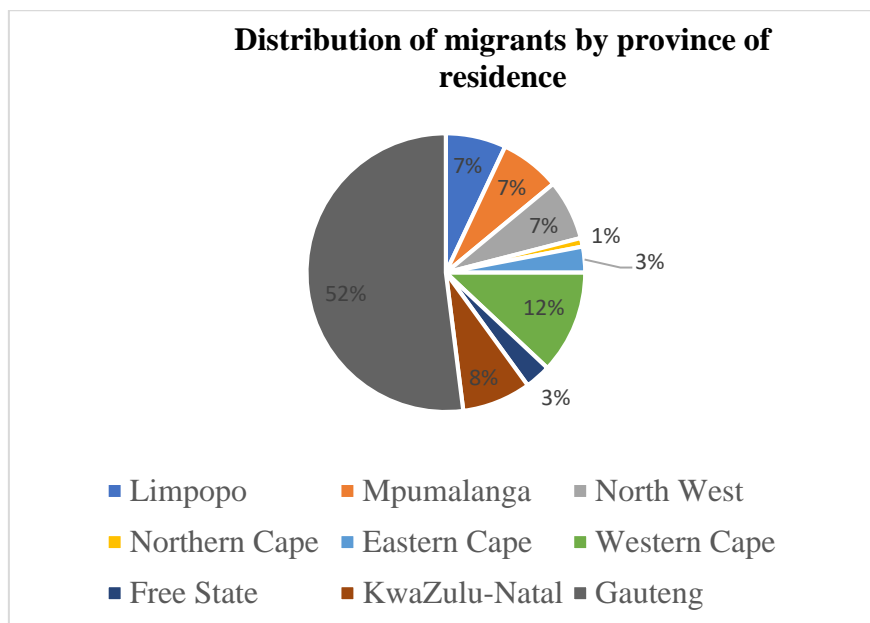
Province	Land area by %	Land area by km	Population density by %	Population density in millions
Gauteng	1.4%	16.54 km	23%	12.27 m
Mpumalanga	6.3%	76.495 km	7.8%	4.04 m
KwaZulu-Natal	7.7%	94.361 km	19.8%	10.27 m
North West	8.7%	106.51 km	6.8%	3.5 m
Limpopo	10.3%	125.755 km	10.4%	5.4 m
Western Cape	10.6%	129.462 km	11.2%	5.8 m
Free State	10.6%	129.825 km	5.3%	2.7 m
Eastern Cape	13.8%	168.966 km	12.7%	6.56 m
Northern Cape	30.5%	372.889 km	2.2%	1.15 m

1.1.4 Distribution of migrants by province of residence

This section will look at the distribution of migrant population by province of residence, placing Gauteng province at the top since 2011, with a continuous flow of international migrants, now at (52%). This trend is conversely impacting the Western Cape at (12%) and KwaZulu-Natal registering (8%). The trio including Mpumalanga, Limpopo, and Northern West harbours (7%) each. Both Free State and Eastern Cape indicated (3%) with Northern Cape at a low (1%) (Statistics South Africa, 2016).

Similarly, Gauteng which is also the economic capital pulls migrants in their prime, representing diverse languages from both internal and international migration stock. Contrary to this, Northern Cape is monopolised by the Afrikaans language, thus representing a certain class or race. Since majority of migrants do not speak Afrikaans, the pull of this population is very low.

Figure 6: Distribution of migrants by province of residence



(Source: Statistics South Africa (2016))

Since the sample of this research concentrates on cross-border black African migrants, it is important to examine the black African migrants' population in these

provinces. Notwithstanding, reason why white African (not white foreigners are permit holders and do not fit in this category) are not included in the sample is because majority of white immigrants have proper documentation and thus face little or no problem in term of access. Furthermore, considering the role of documentation in this study holding it constant as a variable will refute the objectives of the said study. It is now necessary to proceed with the following. Gauteng once more depicts 55% of the black migrants' population while Limpopo accounted for 9.1%. North West black population stood at 8.2%, Mpumalanga at 7.9% and Western Cape recorded 7.3%. Notwithstanding, the provinces of Gauteng registered 45.7%, Western Cape 24.5% and KwaZulu Natal were recognised as the white harbour (MunaKamwe & Jinnah, 2015)

The study areas Cape Town and Johannesburg are cities of Western Cape and Gauteng respectively. According to Central Intelligence Agency, World Fact Book (CIA, 2017), Johannesburg (including Ekurhuleni) has a population of 9.399 million inhabitants while Cape Town, the legislative capital inhabits 3.66 million people and harbours a large slice of the migrants' population.

1.1.4.1 Epidemiological profile

The spread of HIV is underpinned by the pattern of an individual's behaviour publicly and privately which can also be likened to a moral illness. Morality in terms of attitude, behavioural intention and subjective norm (opinions of those relevant to you). These can either positively or negatively influence the behavioural outcome of an individual, especially that of migrants (de Varennes, 2002). Although HIV prevalence in South Africa is curbed, new infections are reported daily. UNAIDS (2016), employed the fast track model as a reliable tool to restraint HIV from spreading speedily. The latter is one of the Sustainable Development Goals with an objective to end Acquired Immunodeficiency Syndrome AIDS epidemic in 2030. This model has been tested employing fast tracking investment on AIDS

with inspiring results in the last 15 years and is presently an on-going process. Data gathered by UNAIDS representing 160 countries depicts bountiful strides achieved via the fast track approach within two years. Within this period, 17million individuals were recorded on treatment, beating the 2015 target of 15 million. Since 2010, Eastern and Southern Africa, the most affected regions globally have doubled those on treatment to about 10.3 million. Conversely, 30% decrease on AIDS related deaths were recorded in these regions.

The evidence presented thus far supports the idea that, an HIV free society is possible, considering the above model. Notwithstanding, it is also important to state that since HIV is a disease associated with morality and behaviour, recent developments in the study of HIV have heightened the need for a strategy that projects behaviour and morality as its underpinnings. Although the spread of HIV is increasingly recognised as a serious, public health concern in South Africa, the challenges experienced by the Eastern and Southern regions of Africa over the past decade remain unprecedented. The past decade has seen the rapid global increase of 2.1 million new infections registered in 2015 amounting to about 36.7 million infected cases worldwide (UNAIDS, 2016). Contemporary trends in migration have led to a proliferation of studies that attempt to discuss this issue. The issue has grown in importance considering recent migration flow in the Western and African borders. Although half of the world's population is under the age of 25 (UN, 2005), it is imperative to consider issues that frame their rights and wellbeing particularly in the areas of education, work, relationships and health including sexual and reproductive health. To better understand this trend, it is imperative to look closely at the development of HIV over time.

According to empirical data, in 1982, two official deaths of HIV/AIDS were reported in South Africa. Since this discovery, there has been a continuous increase in the national prevalence rate especially amongst the Black South Africans (Statistics South Africa, 2015).

Conversely there is disparity in statistics depicting either lack of resources or inconsistency in the reporting process. While WHO (2016), reports an increase in the national HIV infection rate amongst pregnant women from less than 1% in 1990 to 27.9% in 2003, Statistics South Africa (2016) indicated a 19.8% prevalence rate in 2003 amongst women. This distinction is further exemplified in the 12.7% of people living with HIV in 2015 (Statistics South Africa, 2016) and the 6.98 million as indicated by World Factbook (2016).

Table 2 below is an indication of the prevalence estimations and a reflection of the overall number of people living with HIV from 2002 to 2016. There has been an enormous increase of people living with HIV in South Africa from a projected 4,72 million in 2002 to 7,03 million by 2016 (Statistics South Africa, 2016). Similarly, in 2012, Shisana *et al.* reported a 12.2 % HIV occurrence. According to Statistics South Africa (2016), one in every five South African women in their child bearing age is HIV positive. However, a decrease was reported in the HIV prevalence amongst youth in the 15 to 24 years' cohort from 7.6% in 2002 to 5.6 in 2016. Data from UNAIDS (2016) identified an increase in certain overlooked key populations in Sub-Saharan Africa with more than 20%. These new cases are reported in a scenario where HIV infection is extremely high. Surveillance data published in 2015 found that 71.8%; 39.7% and 53.5% of HIV prevalence amongst sex workers where very high in Johannesburg, Cape Town and Durban respectively. Although this statistic varies with regions, the country has experienced a decline in the rate of infection in its overall population from 1.77% in 2002 to 1.27% in 2016.

Table 2: HIV prevalence estimates and the number of people living with HIV, 2002–2016

Year	Prevalence %				Incidence rate % 15-49	HIV population (in millions)
	Women 15-49	Adults 15-49	Youth 15-24	Total population		
2002	19.6	17.1	10.3	10.3	1.77	4.72
2003	19.8	17.2	10.6	10.6	1.74	4.87
2004	19.9	17.3	10.7	10.7	1.76	5.00
2005	20.0	17.3	10.8	10.8	1.81	5.13
2006	20.1	17.4	6.3	11.0	1.83	5.26
2007	20.3	17.5	6.2	11.1	1.82	5.40
2008	20.5	17.6	6.2	11.3	1.77	5.56
2009	20.7	17.8	6.3	11.5	1.72	5.73
2010	20.9	17.9	6.4	11.6	1.65	5.89
2011	21.2	18.1	6.3	11.8	1.59	6.07
2012	21.5	18.3	6.2	12.0	1.50	6.27
2013	21.8	18.5	6.1	12.2	1.39	6.47
2014	22.0	18.7	5.9	12.4	1.34	6.67
2015	22.2	18.8	5.8	12.5	1.30	6.85
2016	22.3	18.9	5.6	12.7	1.27	7.03

An adaptation from Statistics South Africa, 2016.

Since South Africa is one of the countries globally with the highest prevalence rate of HIV/AIDS, it is important to understand the impact of migration on this. Based on these grounds, a behavioural model is needed to enhance a positive outcome in the intentions and attitudes of youth especially youth migrants towards condom use. It further entails the 2030 underpinnings of the Sustainable Development agenda which advocates for equity, social justice and inclusion. This is aimed at preventing an additional 17.6 million HIV cases and 10.8 million AIDS associated deaths within 2016 and 2030, in accordance with the UNAIDS 2016–2021 method (UNAIDS, 2016).

1.1.4.2 South African youth and HIV/AIDS

The extent of sexually transmitted infections (STIs), awareness of contraceptives and contraceptive use are essential indicators of sexual health among youth (Dann, 2009). Sexual undertakings among adolescents in developing countries is described as generally high, while there is substantial disparity among countries (Bearinger *et al.*, 2007; Singh *et al.*

2005), and data validity is often defective (Plummer *et al.*, 2004). South Africa is estimated to have one of the highest epidemics of HIV/AIDS infection, which is one of the deadliest STIs. Recent studies on youth have found that youth aged 15-24 years are increasingly becoming vulnerable to HIV. Shisana *et al.* (2009) projected an estimated 10.9% prevalence rate of HIV/AIDS in 2008 more young women are infected than young men. HIV infected pregnant women aged 15-24 years are estimated at 25.2% according to Department of Health (DOH, 2005). The 2004 National Youth review stated that 10.2% of youth aged 15-24 were infected with HIV (Pettifor, *et al.*, 2004a). Contrarily, in 2012 those in the 15–24 age cohorts had an overall HIV prevalence of 7.1%, which was lower than 8.7% establish in 2008 (HSRC, 2014). Nonetheless, the prevalence of HIV varied by sex, race, gender, locality, and province for this age group (Shisana & Simbayi, 2002; Shisana, Rehle, Simbayi *et al.* 2005, 2009).

According to the Nelson Mandela / Human Science Research Council (HSRC), HIV survey (2005) “the largest increase in the national prevalence is found among females aged 15-24 years at 12% in 2002 and 16.9% in 2005” (p. 45). Provincially, KwaZulu Natal is swiftly becoming one of the provinces with the maximum intensities of HIV/AIDS among youth, rated at 12.0% in 2012, a decrease from 16.1% in 2005 (HSRC, 2014). Presently the Limpopo province has the lowest HIV prevalence rate among young people at 3.1% and provincially at 1.6%. The Western Cape progressed from the lowest prevalence rate of 2.3 in 2005 to 4.4% in 2012 and registered as the only province which experienced an increase. As stated, on the National Youth Survey, 15.5% of young women were HIV infected contrary to 4.8% of men (Pettifor, *et al.*, 2004a). A related HIV prevalence found in the HSRC study specified that, HIV occurrence in the 15–49-year group is 18.8%. Females continue at higher risk of HIV and are 1.6 times more likely than males to be HIV positive (HSRC, 2014). The HIV survey (2005) also specified that “the female to male ratio for HIV

infection in 2005 was also highest among youth aged 15-24 years” (p.45), as the incidence in females at 16.9% was almost four times that of males at 4.4%. According to DOH (2005), the age group disparities were evident in the antenatal survey as the HIV prevalence was estimated at 16.2% for 15-19-year-olds and 30.8% for 20-24-year-olds. Pettifor *et al.*’s study found similar age and gender patterns (Pettifor *et al.*, 2004a) as the above.

However, the use of condom is promoted as a vital HIV prevention method in South Africa. According to Pettifor *et al.*, 2004a & Shisana *et al.*, (2005), two-thirds of youth have never used a condom; half had used condoms at most recent intercourse. 33-42% used condoms regularly (James *et al.*, 2004; Pettifor *et al.*, 2004). Furthermore, men were more likely to use condoms at last sex and to use them regularly (Pettifor *et al.*, 2004a; Shisana *et al.*, 2005).

1.2. Statement of the research problem

Burns and Grove (2005) posit that a research problem should present knowledge gap in the concerned area of research. Similarly, LoBiondo-Wood and Haber (2002), affirms that the foundation of a research is inscribed in the problem statement. The present thesis is part of a study guided by a problem statement for further exploration in the topic’s existing gap. However, Polit and Beck (2004) highlights the nature, context and significance of a study problem as its underpinnings.

The South African economy is one of the biggest in Africa and has the tendency of attracting migrants from other African countries. The total number of young migrants stood at 34.8 million in 2013, with a 10% increase in the developing countries (UNDESA, 2014). However, the down side of this has rendered the country vulnerable to proliferation of various diseases one of which is HIV. Although economic emancipation process of migration in most cases is an ordeal in the sense that most migrants are running away from diverse ills plaguing their environment such as: the recent attacks and displacement of four

million Cameroonian civilians by unidentified armed men, on people in the Anglophone provinces (OCHA, 2019); the continuous attacks on Christians in Nigeria the by extremist group Boko Haram accused for the recent killings of more than 75 people in the capital city Abuja and abduction over 230 school girls in the month of April (Olusengun, 2014).

Considering the above examples and the lack of practicality of the South African Refugee Act (Act No. 130 of 1998)), in which migrants are entitled to the same basic health services and basic primary education which the inhabitants of the republic receive from time to time, it is important however not to assume the applicability of the above art in all cases as affirmed by (Landau & Wa Kabwe-Segatti, 2009) “One must also recognise the limited influence of public policy on practice. With poor implementation capacity and endemic corruption within the police and border officials, state policy of any kind is unlikely to achieve its desired effects, whatever those may be” (p. 2). The porous nature of the policy implementation has made migrants exceptionally vulnerable in the receiving countries and are left with little or no option but oblige to any available surviving mechanisms. Some become gay sex workers, prostitutes, child wife and older women who take advantage of migrant’s boys as sex apparatus. Under these challenging conditions, they command very little power to negotiate the use of condom and the clinics where support could be obtained are sometimes biased towards migrants. This point is also sustained by the studies conducted by (Amon & Todrys, 2009; CoRMSA, 2009; Human Rights Watch, 2009a, 2009b; Landau, 2006b; Pursell, 2004; Vearey, 2008a) in which they established that one of the greatest challenges faced by international migrants is the problem of access to public-health services in South Africa. This, however, could be attributed to the assumption that protective policy has not been successfully converted into protective practices.

1.3. Aim and Objectives of the study

The aim of the proposed study is to explore the predictors of condom use behaviour amongst migrant youth in South Africa. It examines the influence of acculturation on the relationship between condom use Intention and behaviour.

The specific objectives of the proposed study include to:

1. Examine the nature and extent of condom use among migrant youth using a quantitative research methodology and a cross-sectional research design;
2. Assess the predictors of condom use among migrant youth and identify socio-cultural factors influencing the condom use intentions of migrant youth using multivariate statistical analysis of the cross-sectional data as well as through qualitative elicitation study interviews;
3. Assess the applicability of the Theory of Planned Behaviour (TPB) to the condom use intentions and behaviour of migrant youth in South Africa

1.4. Research questions

The research questions in the proposed study will include:

1. Research question one: What is the nature and extent of condom use among youth migrants in South Africa?
2. Research question two: Can attitudes, subjective norms, and perceived behavioural control (self-efficacy) predict the male condom use intentions of youth migrants in South Africa?
3. Research question three: What is the applicability of the theory of acculturation among youth migrants with respect to attitude, subjective norms, perceived behavioural control and intention?
4. Research question four: What socio-cultural factors determine the use of condom by youth migrants during sexual intercourse?

5. Research question five: What is the applicability of the Theory of Planned behaviour to condom use intentions and behaviour among youth migrants with respect to sexual activities of youth migrants?

1.5. Rationale and significance of the study

Section 27 of the South African constitution stipulates the right of individuals to access health care facilities including preventive sexual health services. It further affirms state's responsibility towards accurate "measures in attaining a progressive realization" of the above right (Republic of South Africa, 1996). Accordingly, the National Youth Policy (NYP) recognises "teenage pregnancy, maternal mortality, reproductive and sexual health, HIV and AIDS as specific health challenges" that youth in South Africa encounter. It recommends the improvement of access "to youth-friendly health related programmes and services" (NYP, 2009-2014). It is, however, important to note that most migrants find themselves in vulnerable circumstances in the receiving counties. An example will be that of a male migrant spouse who leaves home daily and works as sex worker, without the knowledge of his wife (personal communications, 2011). Notwithstanding these limitations, the quest of migrants to survive is subject to their ability to or not to adhere to adverse social conditions and gaining admittance to health care services.

The South African National Strategic Plan on HIV, STIs and TB (NSP) 2012 – 2016 South African National AIDs Council, (SANAC, 2011), categorised young people as a high-risk group and aims to decrease the occurrence of new HIV infections by 50% and curb new infections of HIV and AIDS and TB in the affected communities. This can be done through the involvement of associated service providers in treatment accessibility, and psychosocial support. It is against this background that this study seeks to ascertain both macro and micro policy mechanisms put in place to curb the challenges and barriers towards condom use by youth migrants of both genders in Johannesburg and Limpopo. Understanding these

challenges may inform and allow government improvement of the wellbeing of this cohort by engaging them in preventive health care activities and the enhancement of health care dissemination structure by concentrating on the accessibility, competence, excellence, and sustainable youth and adolescent hospitable health services (DOH, 2012).

This study is expected to influence on-going efforts to effectively target and support young migrants by clearly identifying the key Challenges and barriers affecting their ability to negotiate the use of condom. To be successful at encouraging consistent condom use, comprehensive understanding of all aspects of sexual behaviour including cultural patterns of sexual behaviour is needed. This study is an attempt at such a comprehensive examination among migrant youth. It will provide an improved comprehension to social work researchers and HIV/AIDS practitioners towards enhancing safer sexual behaviour model, and increase the likelihood of encouraging condom use not only among this population but other populations considered to be most-at -risk for HIV.

The results of this study will inform prevention efforts to identify the most relevant psychosocial determinants of condom use among migrant youth in South Africa. According to UNAIDS (2011), heterosexual intercourse continues to be the most predominant mode of transmission of HIV in South Africa and like in most other generalized HIV epidemics in other regions of the world most infected persons contract HIV during their youth years. Thus, a study of sexual behaviours and determinants of intentions to use condoms to prevent HIV infection among this population is crucial for providing significant information for targeted HIV prevention interventions and service delivery.

It could also be said that, the study has the potential in influencing or contributing to the NSP which practice the four following objectives: “Focus on social and structural approaches to HIV and TB prevention, care and impact; prevention of HIV and TB infections; sustain Health and Wellness; and Protection of Human Rights and Promotion of

Access to Justice”(NSP, 2016). Evidently, there exist a gap in service delivery of and access to health care facilities to the sample population.

1.6. Clarification of concepts

Youth: The South African definition for a youth is any individual between the ages of 14 - 35 (Republic of South Africa, 2000). The DOH definition of ‘youth’ which is aligned with that of the World Health Organization (WHO), defines a youth as an individual aged 10 to 24. According to Statistics South Africa (STSA, 2012), young people in the 10 to 24 years’ cohort amount to about 30% of the total population of South Africa and out of the total population of 51 770 560, 4 594 886 (8.9%) were aged between 10 and 14 years; 5 003 477 (9.76%) between 14 and 19 years and 5 374 542 (10.4%) between 20 and 24 years. Of interest to this study are the youth in the age groups of 18 - 35, hence the word youth in this study will refer to persons within the ages of 18-35 years old. Ascribed to this, is the reason that young people between the ages of 18 - 35 have higher levels of maturity than those in the younger age groups. Furthermore, they have acquired and accumulated experiences that will influence their attitudes, subjective norms and perceived behaviour towards the use of condoms. According to Lewis *et al.* (2009), college students do not practice safe sex and have the tendency of accommodating multiple partners. Additionally, college students involve in behaviours, such as binge drinking that place them at even greater risk of having unprotected sex (Fisher, 1990). Noting the compelling nature of this evidence, the Convention on the Rights of the Child (CRC) 10 recommends that related countries “develop and implement, in a manner consistent with adolescents’ evolving capacities, legislation, policies and programmes to promote the health and development of adolescents”... it undoubtedly provides for “adequate information and parental support to facilitate the development of a relationship of trust and confidence in which issues regarding, for example, sexuality and sexual behaviour and risky lifestyles can be openly discussed and

acceptable solutions found that respect the adolescent's rights (art. 27 (3);" (CRC/GC/2003/4, paragraph 16).

Human Immunodeficiency Virus (HIV): HIV is a virus present in infected human body fluids. It attacks the human cell (white blood cell) and replicates itself. Its origin is still a debatable topic that will not be further discussed in this study. Diagnoses of the virus were first recognised in early 1980s among gay white men in America known then as slim disease. There was a shift in the disease as heterosexuals' black are now amongst the highest rate of infected cases worldwide. Internationally, HIV is transmitted predominantly through infected drug needles. Contrary to the West, HIV is mainly transmitted in Africa through unprotected sex. Taking into consideration, the above, condom use behaviour is paramount in Africa to curb its growing rate of infected cases especially amongst youth with reported cases of risky sexual activities.

Acquired Immunodeficiency Syndrome (AIDS): AIDS is the progression of HIV, considering the CD4 count cells, lifestyle, poverty, social and psychological state of an HIV positive individual. Presently, South Africa has progressed in the distribution of AIDS treatment. Currently, the government is giving free treatment (antiretroviral) to all infected individual with a CD4 count of 350 and below. This is a positive move from former president Thabo Mbeki's denials policy that left many dead.

Migration: Can be defined as the movement of an individual or individuals in their state of residence or across international boarder for political, economic or social reasons (IOM, 2004). According to The United Nations, a migrant is an individual who has resided in a foreign country above a year regardless of the motives, voluntary or involuntary, and regardless of the regular or irregular nature of the means used to migrate. Concurrent with the above definition, is the idea that shorter period's travellers or tourists and business

persons will not be recognized as migrants. There are different kinds of migrant, it includes; economic migrant, irregular migrant and skilled migrant amongst others. The study focus is on young people who were born in their home countries and moved into South Africa to either join the family or to pursue their own development.

According to Statistics South Africa (2014), South Africa has been projected as one of the countries in the African continent that receives many migrants from Africa. This could, however, be attributed to the country's economic, social and political stability. Similarly, South Africans are also known for immigrating to developed countries such as United Kingdom, Australia, United States of America, Ireland and others not included (Phillips, 2006).

Migrant: The concept migrant is highly contested at the international level and holds no collectively acknowledged definition. In this context, the decision to migrate is initiated freely by an individual for reasons “out of personal convenience”, short of interference of an outside compelling factor to develop his/her material or social circumstances to enhance either themselves or their family (IOM, 2004).

Migrant youth: For the purposes of this study, a migrant youth is defined as a person aged 18-35 years who was born overseas (home country) and is currently residing in the receiving country in this case South Africa. The term 'migrant youth' also includes young people who came to South Africa as refugees.

Cross-border migrants: It is appropriate to consider cross-border migration in terms of the movement of labour from the South to the North. Cross-border movement of goods, services and capital has developed in volume and is less restricted. Migrating to work is a significant trend especially in developing countries of Africa, Asia, Ocean and Latin America. According to the IOM (2000) labour migration is generally defined as a cross-border movement for purposes of occupation overseas. Kok *et al.* (2003) argued that migration

should preferably be defined as crossing the borderline of a predefined spatial entity by individuals engaged in a change of residence. The above statement is not completely true, as time and space are important factors in cross-border migration.

Attitudes: The definition of the concept attitudes varies as psychologists have propagated different definitions. In the early 1930s, attitude was defined “as a mental or neutral state of readiness”, organized “through experience”, applying ordinances or active “influence on the individual’s response to all objects and” circumstances “to which it is” associated (Allport, 1935). Similarly, Baron and Byrne (1987) describe attitudes as a long-term, overall assessment of individuals, objects, or issues. He further affirmed that attitude is lasting, and prevails through time, whereas temporal feeling cannot be regarded as an attitude. It is of importance to acknowledge that in the above definition, Baron and Byrne talked of time and space as essential ingredients of attitudes and as illustrated by (Vaughan & Hogg, 1995). They attested to the comparatively permanent-persist nature of attitude through times and situations, where a brief feeling is not an attitude. This is based on the notion that emotional response is regarded as just a feeling. For this study, attitude will be perceived as a complex mixture of things we have a tendency of calling personality, beliefs, values, behaviours, and motivations. Here an individual’s attitude is referred to their emotions and behaviour. An individual’s attitude in respect to preventive medicine incorporates his or her opinion of the concept, known as thought. The way they relate to this topic is perceived emotion. Their actions in behavioural engagement will be because of attitude developed to prevent health problems.

Subjective norms: Is defined as the extent to which the opinion of relevant others can impact on an individual’s behavioural outcome. Subjective norm is assumed to comprise of a more traditionally measured injunctive component in an instance when an individual believes his/her social network wants them to perform a particular behaviour and a descriptive

component in a case where one's social network executes a behaviour (Ajzen, 2000). Recent empirical studies on descriptive norm reflect on the growing patronage for its predictive authenticity upon behavioural intention (Conner, & Sparks, 1996, 1999; White, Terry, & Hogg, 1994). Furthermore, the theoretical support in the extension of normative pressure includes social pressure of fitting into a group who possibly will or will not perform the behaviour (White *et al.*, 1994). Nevertheless, according to Ajzen (2000), the inclusion of descriptive norms is primarily for more variability in the subjective norm measure. This also reflects on the injunctive norms with a restricted range due to high social interest.

Perceived behavioural control: This refers to the extent to which an individual feels able to enact his /her behaviour, is termed perceived behavioural control. It consists of two facets: Firstly, it depends considerably on an individual's control over the behaviour and the level of confidence an individual has towards his/her ability to perform or not perform the behaviour. This is defined by control beliefs around the mutual power of the situational and internal aspects to impede or facilitate the enactment of the behaviour (Ajzen, 1991). In like manner, Terry and O'Leary (1995) insist that, perceived behavioural control predicts behaviour not intention as in the case of self-efficacy. Self-efficacy as argued by researchers, predicted exercise intention, not behaviour (Terry & O'Leary, 1995; White, Terry, & Hogg, 1994). Contrarily, Sparks, Guthrie, and Shepherd (1997) differentiated between perceived difficulty and perceived control. They maintained that difficulty measures may be more meaningful to those participating in a study and perceived difficulty is more related to perceived behavioural control as demonstrated by Ajzen (1991).

Acculturation: The concept of acculturation has conflicting interpretations. However, for the purpose of this study, two definitions will be employed. Acculturation comprehends those phenomena which result when groups of individuals having different cultures come into

continuous first-hand contact, with subsequent changes in the original culture patterns of either or both groups (Berry, 2003).

Inherent in this definition, is a need to distinguish acculturation from culture change which is an aspect and assimilation in the occasional phase of acculturation (Redfield, Linton, and Herskovits, 1936). In the second definition, acculturation is perceived by the Social Science Research Council (SSRC, 1954), as "...culture change that is initiated by the conjunction of two or more autonomous cultural systems. Its dynamics can be seen as the selective adaptation of value systems, the processes of integration and differentiation, the generation of developmental sequences, and the operation of role determinants and personality factors" (pg.974). The prominence of these definitions is upon the collective viewpoint of the acculturation process which comprehends change to occur in both migrants and members of the host community.

Condom: A condom is a low-cost but simple device that is expected to attain the demanding routine requirements. Though the product quality has improved over time through improved process control and strict production standards, there has been little recorded change in its technology in the last 10 years (UNFPA, 2003). There are two types of condoms namely; the female and the male condoms. UNFPA (2003) describes the female condom as a loose-fitting 17 centimetres long polyurethane sheath with a flexible ring at each end. Presently, it is the first existing technique available to women and girls for the dual performance and control of unwanted pregnancy and sexually transmitted infections. The female condom is inserted several minutes into the vaginal before sexual intercourse. The inner ring of the loose-fitting polyurethane sheath sits inside the vaginal track while the outer ring lies on the mouth of the vaginal. The condom adapts to the female internal temperature and settles in nicely. Failure to insert the condom several minutes before intercourse, the sheath will produce a noisy sound that will impede the process. The female condoms were introduced

to supplement the male and help curb the challenges of inequalities faced by women which usually acts as barriers for negotiating the use of male condoms. In 2008, the total dispersal of the female condoms increased to above 33 million indicating a steady increase in three subsequent years (UNFPA, 2003). According to WHO, UNFPA and UNAIDS, (2004), “The male latex condom is the single most efficient, available technology to reduce the sexual transmission of HIV and other sexually transmitted infections and offer dual protection for the prevention of unintended pregnancy” (p.1). It is placed on an erected penis before sexual intercourse. Both condoms are removed after ejaculation and discarded in a safe manner. The promotion of condom use is a critical constituent of any HIV/STI prevention and care model. Referring to the UNAIDS (2004), the effective advancement of condom use as part of an inclusive HIV prevention model devoted on behaviour change is certain to decrease HIV.

Condom use behaviour: Contraception use is a multifaceted aspect in decision making and is subjected to an individual’s beliefs around the effectiveness of contraception and its side effects (Gilliam, Warden, Goldstein, & Tapia, 2004), beliefs about ethics and social acceptance (Leonard, Chavira, Coonrod, Hart, & Bay, 2006), awareness about procedures (Sangi-Haghpeykar, Ali, Posner, & Poindexter, 2006), and the duration of the said relationship (Harvey, Henderson, & Casillas, 2006). The above obstacles are evident in the youth, who despite their ability to conceal the use of preventive methods, lack proper information and access to contraception and care. Although, condom use is the most utilized contraceptive method amongst Latino youth, men are responsible for initiating its use. Studies have indicated strong predictors of condom use in men’s attitudes regarding their responsibility and perception in relation to contraception use, its effectiveness, and their ability to communicate with their partners (Murphy & Boggess, 1998; Sheeran, & Taylor, 1999; Soler *et al.*, 2000).

Condom use intention: The concept intention is highly contested in definition (Warshaw, & Davis, 1985). According to Fishbein and Ajzen (1975) the term intention represents an individual's personal prospect in his or her willingness to perform behaviour. However, in Ajzen (1991), revamped version, intentions are expected to capture the motivational factors that impact on behaviour; they are pointers of the length through which an individual is willing to try, the extensive effort he/she is prepared to exert and perform the behaviour. Mindful of the sexual behaviour intricacy grounding this study, it is important to indicate that since intention to use condom is a mediating variable, its impact on an individual's now behaviour and behavioural outcome is weighed. The findings of this study indicated that migrants had a positive control over their intention to use condom. To narrow this debate, we will look at two theories that have impacted on the concept of condom use intention. The theory of reasoned action (Ajzen & Fishbein, 1980) and the theory of planned behaviour (Ajzen, 1985, 1991) are the psychological models of behaviour that have been functional to condom use. According to Ajzen and Fishbein (1975; 1980), the theory of reasoned action, affirms that the intention to perform behaviour is a key predictor to determine the occurrence of that behaviour. Whereas the theory of planned behaviour (Ajzen, 1991) expands on the theory of reasoned action and advocates that the performance of behaviour is subjective to the degree of personal control an individual has over the behaviour. Control in this sense is the incorporation of internal and external facets such as skills, knowledge, willpower, resources, opportunity and having a plan. In essence, when an individual perceives little control over the behaviour due to the lack of one of the above listed factors, then their intentions to perform become low, though they possess favourable attitudes and subjective norms towards it (Ajzen & Madden, 1986). Despite their diverse views, both theories agreed that intention predicts actual behaviour. Notwithstanding, Kashima, Gallois and McCamish (1993) suggests that since condom use is less an individual than a joint behaviour, it entails

the collaboration of both sexual partners. Bearing in mind that individuals are uniquely different, it will also reflect on their intentions concerning condom use. Thus, an individual's intention to act is not a representation of a shared couple behaviour. Notwithstanding, the ability to use condom involves having access to and owning a condom and a potential sexual partner. (Liska, 1984).

Conclusion.

Though there is awareness in most communities regarding HIV/AIDS issues due the evidence in reduced infected cases and increasing number of NGO /CBO rendering support to the people, more effort is needed in the migrant population to curb risky behavioural activities. Notwithstanding, current studies indicated that little has been done to build the knowledge capacity around behavioural change in South Africa.

CHAPTER TWO

LITERATURE REVIEW

Chapter two reviews existing scholarly materials on migration, health, youth's attitudes and behavioural intentions towards condom use. Policy and legislative framework on migration and HIV/AIDS will be examined.

2.1. History of migration in South Africa

Historically, migration in Africa was categorized by the circulatory labour migration of males (Timaues & Graham, 1989). The history of migration and its movement into South Africa could be traced before the coming of the first white migrants under the leadership of Jan van Riebeck in 1642. The recorded movement of black Africans in the region took place before and after the arrival of white settlers (Timaues & Graham, 1989). The labour migration pattern initiated in 19th century in South Africa used hiring agency to hire workers from Mozambique, Namibia, Lesotho, Malawi, Swaziland and Botswana for the diamond and gold mines (Wilson, 1976). Internally, due to the impact of the Zulu war and the imposition of colonial national borders most families were separated as some were pushed northward. This push and pull factors influenced migration based on maintaining family ties and seeking greener pastures (Mattes & Richmond 2000; Stern & Szalontai, 2006). The 1880s and early 1890s witnessed a boom in the mining industry and attracted migrants. This was in relation to its favourable wages which boasted twice as compared to Irish workers (Harries, 1982:143). As the mining industries grew there was a need to build large corporations capable of the financial burden and cost of the growing firm. Cheaper labour was needed, in response to this, 64,000 Chinese labourers were imported between 1904 and 1907. In 1973 and 1970, 297,000 nationals from Malawi, Mozambique and Angola were reported and in 1980 there was an increase of Bantustans (Transkeian migrants) working from 33,000 to 245,000 (Graaff, 1986).

The period of 1920s to mid-1960s accounted for undocumented migration (or clandestine) this was accommodated within certain conditions. Although approved consent was granted to few irregular migrants until 1928 from the region, undocumented migrants in the urban areas or at the border from the 1920s to the mid-1960s had to choose between accepting permits to work on white owned farms or repatriation.

Empirical studies indicated a decline in foreign nationals based on; the withdrawal of Malawians mine workers by their president the independence gained by Mozambique and Angola in 1970, witnessed a tremendous decrease of the above nationals amongst others from the mines, from 297,000 in 1973 to 182,000 in 1980 (Graaff, 1986). The continuous increase of refugees and asylum seekers from the rest of the continent as well as from the West is one of the most substantial changes in the patterns of migration realized since 1994. An estimated 150,000 claims/applications for asylum were acknowledged by the Department of Home Affairs between 1994 and 2004, of which 26,900 asylum seekers were approved refugee status. Estimated 53,363 asylum claims were projected in 2006 (the highest recorded number). At the end of 2007, legally recognized refugees were projected at 36,800, asylum seekers, total currently open asylum applications amounted to 89,000 and new asylum applications were estimated at “45,673 (of which only 5,879 were decided, adding to the backlog). Economic migrants issued with individual work permits (not including corporate permits)” was at 19 601 in 2006/7 (Department of Home Affairs, 2008). From the 2006 claims, 78% (41,437) were from men; while women comprised of 20% (10,769) and 2% (1,155) were children. Approximately 5,342 early decisions were reached regarding the 2006 claims for asylum. Angola, Burundi, Zaire (DRC) and Somalia were the predominant claimant-generating nations between 1994 and 2001. Other countries such as; Cameroon, Nigeria, Senegal, India and Pakistan, have also conveyed a noteworthy increase in claimant. Rejection rates are therefore high to claimants from countries in this latter

category indicating previous attempt of economic migrants to use the refugee system and settle in South Africa.

The 2006 data which analysed asylum from the period 1994-2001 illustrated variations in the countries of origin of applicants, with Zimbabwe identified as the most distinguished largest source of asylum claims in 2006 comprising over a third claim (18,973). Malawi, a new and significant source of asylum claims was estimated at 6,377 claims (12%). Ethiopia, Bangladesh, Somalia and the DRC were indicated as the other important source (IOM, 2010).

2.2. International migration policies and legislation

The “international community has failed to meet the challenges associated with international migration and that states and other stakeholders must pursue more realistic and flexible approaches to international migration”. (Global Commission on International Migration, 2005 p. 2 & p.79)

Migration policies and framework are put in place to regulate the flows, circumstances, significances and magnitude of international migration. Generally, international immigration policies for the destination countries are geared towards enforcing the needs of the labour market and demographic objectives. Immigration policies are implemented through Governments laws, regulations and programme measures fashioned to manage the volume, origin, direction and composition of migration flows objectively. Nonetheless, these should be accompanied by human rights issues, which call for a rethinking of global migration policies (UNO, 2013).

According to the WHO policy on migrants' right to health (WHO, 2010) though a number of treaties on human right make reference to health. Article 12 of the ICESCR the acknowledges “the right of everyone to the enjoyment of the highest attainable standard of

physical and mental health.” The main features” of the right to health are that it comprises of both freedoms and entitlements” (IOM, 2013, P. 17).

Conferring to IOM (2013), freedom denotes the ability of an individual to freely access health services, be informed and receive consented medical treatment, testing and any other experiments. This should be free from any forced or and abuse to clients as this may hinder patients from enjoying their right in these facilities. According to Tanto (2014), some migrants were either refused access to clinics or delayed treatment and diagnosis because of documentation status. Hence, they may not access health facilities for fear of repatriation. Subsequently, this action will delay their ability to seek treatment due to lack of information on the availability of resources. Moreover, those migrants who had commenced treatment are unable to continue care as deportees. Medically, any discontinuation of treatment on TB / HIV will enhance the development of a stronger germ or virus.

2.3. South African legislation and policy framework on migration

“The challenge for South Africa is to formulate policy that takes advantage of the positive aspects of globalization, including the unprecedented movement of people with skills, expertise, resources, entrepreneurship and capital, which will support that country’s efforts at reconstruction, development and nation-building (Republic of South Africa, White Paper on International Migration, 1999)”.

The migration policy of South Africa bears the mark of its history. President De Klerk’s administration inherited a migration policy in 1989 which was characterised by the classical colonial settlement policy, discriminatory in nature and very incremental. Legislation was steadily associated based on the principle of distinct.

In 2005, regulations adopted concentrated on discouraging illegal immigration. These regulations comprised of measures to facilitate “access to permits for the region’s workers” and students. It further contains restrictions intended at combating illegal immigration, such as increasing the waiting period of an individual who is married to a South African citizen to five years before applying for citizenship. This was also an attempt to curb false marriages. However, citizenship through marriage is a debatable topic as most vulnerable migrant are allegedly subjected to torture and inhumane circumstances due to their attempt to obtain a South African citizenship. Crush (2001), asserts that after passage of the 2002 Immigration Act, little was accomplished by those closely committed in the consultative process. Though the process was long (12 years) and involved many stakeholders (Crush, 2001).

South African Refugee Act (Act No. 130 of 1998)

In chapter 5 of the above act, the “Rights and Obligations of Refugees” are affirmed. Conversely, part (b) and (G) of section 27 allows refugees “full legal protection” to all residing in South Africa as stipulated in chapter 2 of the country’s constitution reflecting it “democratic, equality and human dignity values”. The act further emphasises on refugee’s right to equal access to health care services and “basic primary education” as befitting to the indigents of South Africa (The Republic of SA, 1998b).

Given, the current advantages of the above act outlined in the previous paragraph, especially that of the bill of rights. It is quite predictable that migrants do not enjoy these documented entitlements. A survey done on both international migrants and South Africans regarding the history of each client’s access to ART, revealed that international migrants were repeatedly denied service in the public sector, usually during the time of testing. The findings further identify lack of documentation (South African identity) as reasons why most migrants were referred to NGO for Antiretroviral Treatment (ART). Thus, depriving them

access to ART in the public sector. (Vearey, 2008a). There is also, however, a further point to be considered. For example, the NSP (2007–2011) is an inclusive plan which embraces “non-citizen groups” (NDOH, 2007a). The core value in enhancing the 2007–2011 Plan towards effective accomplishment entails guaranteeing “equality and non-discrimination against marginalised groups”; refugees, asylum seekers and foreign migrants are precisely cited as possessing “a right to equal access to interventions for HIV prevention, treatment and support” (NDOH, 2007a, p. 56).

The South African National Strategic Plan on HIV/ AIDS, TB and STIs (NSP), 2012 - 2016

The NSP is an outline to fashioned to guide providers a in disciplines related to; “HIV, TB and Sexually Transmitted infections (STI)”. This plan is designed to be effective from 2012 to 2016. It is aimed at “available goals and strategies” to help curb HIV, TB and STIs. It will further act as guide towards strategic and sector implementation plans for provincial development (SANAC, 2011a).

The “regulatory principles of the HIV/AIDS and STI Strategic Plan for South Africa are endorsed by the Constitution, the NACOSA Plan, the Department of Health White Paper for the Transformation of the Health System in South Africa, 1997, the Comprehensive Plan, and Batho Pele. These principles comprise of: Tackling Inequality and poverty: the NSP asserts government’s constitutional obligation to take rational legislative and other procedures to guarantee progressive recognition of rights to education, health care services and social security to all people of South Africa”(SANAC, 2011a).

The implementation of the HIV/AIDS intervention programmes considered strategies to strengthened and compliment other developmental programmes, guaranteeing fairness. Inherent in the above NSP framework, is amongst others equality to heath care services. Notwithstanding, in a study carried out on youth migrants and condom use, few participants who were documented and mostly with South African spouses agreed on the

fairness in service rendered. Their reference was based in comparing the modern standard infrastructure, hospital equipment and almost free services of South African clinics to the paid outdates in their home countries. Contrarily, majority refuted the idea of fair treatment as according to them even their accent which is different from South Africans will delay an ambulance from assisting them in need (Tantoh, 2014). To address situations like the above, the NSP further seeks to question and curb prejudices experienced by the relegated minority groups. These include amongst others; “refugees, asylum seekers, foreign migrants, sex workers, men-who-have-sex-with-men and orphans” which should be granted admission to equal HIV/AIDS service (SANAC,2011a).

The National Strategic Plan 2012 – 2016, further intend to reduce current cases of HIV incidences by 50% thereby reducing its effect. This can only be done if “individuals, families, communities and society” can be able to enjoy the provision of treatment and psychosocial support. Thus, the NSP stands to achieve these through the following: “Focus on social and structural approaches to HIV and TB prevention, care and impact; Prevention of HIV and TB infections; Sustain Health and Wellness; and Protection of Human Rights and Promotion of Access to Justice” (SANAC, 2011a).

Moreover, NSP 2012-2016 highlighted the following constraints; firstly, though South Africa has a massive roll out of treatment for HIV/AIDS in the urban areas, with accessible and reliable health systems, its rural areas suffer shortage of treatment and care, due to staff insufficiencies and infrastructures amongst others. Hence, there is an influx of internal migrants from rural to urban (urbanisation) willing to purpose of pursue HIV better HIV/AIDS related services and treatment. Conversely, this pull factor in the urban clinics are impacting negatively on the migrants as they are in many instances denied services based either on documents or some preconceived perception by health workers (Tantoh,2014). Landau and Singh (2008) argued that one of the downsides of internal and external

movement of individuals are linked to barriers in gaining entrance to clinics and hospitals. Therefore, “it is local governments and service providers who must channel resources to those in need and translate broad objectives into contextualised and socially embedded initiatives” (p. 177).

Secondly, there is a speculating dogma insinuating that if migrants are into the treatment scope of South Africa, it will lead to an influx of this group into the country (Tantoh, 2014; Human Rights Watch, 2009a; Southern African HIV Clinicians Society & UNHCR, 2007). Notwithstanding, refusing this category access to treatment will firstly undermine the prescription of NSP and further affect its 50% reduction target. This is because, migrants who are positive in a community and not treated are a risk to the people, especially in cases where they are either married or in a relationship (Tantoh, 2014). Contrarily, a research carried out on migrants in Johannesburg attested to the fact that if they get sick, they relocate to their home countries for better support since it will be difficult to work and remit money in that state. Thus refuting the hypothesis that cross border movement is geared towards accessing health care services (Human Rights Watch, 2009a; Vearey, Nunez, & Palmary, 2009).

Subsequently, retrospect of the: international human rights law perspective; Article 16 of the African Charter on Human and People’s Rights (ACHPR, 1986) and Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR, 1990), consent to equality for all. Thereby, permitting impartiality to migrants and emphasises on them in accessing the “best attainable state of physical and mental health”, regardless of permit status (IOM, 2013). Failure to provide care to migrants at an early stage of illness might cost the receiving government more to treat and care for them when the illness becomes chronic. Evidently, empirical studies conducted portrayed that migrants employed in the: *construction, domestic work, fisheries and informal cross-border trade* are at risk to

health under normal circumstances as some work under long inhumane hours. Notwithstanding, the act of crossing the borders due to documentation irregularities have made them more susceptible to health problems (Vearey, 2010; Vearey, Palmary, Nunez, & Drime, 2010).

2.4. Youth sexual behaviour and acculturation

Empirical studies have identified Sexual activity and abstinence Sex and particularly unprotected sex, as the most common risk behaviour youth engage in. The Youth Risk Behaviour Survey in 2007 projected that 47.8% of “high school students in the U.S. have had sexual intercourse” (CDC, 2008). Disaggregating this data by ethnicity, a higher percentage of Black high school students have had sex (66%), comparatively, Latinos (52%) and Whites (43.7%). In the needs assessment, identity, Inc. found that 49% of their sample of 1,114 Latino youth were sexually active, or had already experienced vaginal or anal sex (Uriburu & Kattar, 2006). Of these, 88% had their first vaginal or anal sexual experience by age 16.

Condom use and other contraceptive is a complex behaviour that is strongly influenced by the individual’s beliefs about contraception effectiveness (Gilliam, Warden, Goldstein, & Tapia, 2004), beliefs about ethics and social approval (Leonard, Chavira, Coonrod, Hart, & Bay, 2006), knowledge about methods (Sangi-Haghpeykar, Ali, Posner, & Poindexter, 2006), and the length of their romantic relationships (Harvey, Henderson, & Casillas, 2006). These barriers are always present among youth, particularly migrants who basically have less information, less access to condom and exhibit greater concealment around general contraception use. However, condoms are the contraceptive method most youth utilize.

According to Denner (2004), the Latino culture is branded by traditional gender roles that encourage sexual tolerance among males but sexual restriction among females. This is

due in part to the concepts of machismo and marianismo which govern the traditional Latino culture. Machismo is the correct masculine way to behave, which is habitually related to drinking behaviour and risky sex (Galanti, 2003), while marianismo are those set of values of female purity and sexual ignorance personified by the image of the Virgin Mary (Denner, 2004).

Young Latino adults admit that they learned traditional gender roles from their parents, usually at odds with the conventional American culture (Raffaelli, 2004). The literature has steadily found that acculturation, measured either by language fondness or cohort, amongst Latino adolescents may enhance sexual activities while involving in risking behaviour. Latino adolescent males are at a higher risk of engaging in sex than females (Edwards, Fehring, Jarrett, & Haglund, 2008).

Though the present thesis reflected on a wide range of sample population in terms of country of origin, they bore to an extent a tribute to their African descent. Meaning a male can have more partners while the female is not allowed to. Notwithstanding, age, gender, length of stay in South Africa, relationship status and educational background influenced their behaviour towards condom use. Conversely, females who were more acculturated and married irrespective of educational background had one partner and used rarely use condom when compared to females who are single, widowed and less acculturated. Notwithstanding, male respondents who were new in the country indulge in very risky sexual activities with high rate condom use.

Nonetheless, according to Upchurch, Aneshensel, Mudgal, and Sucoff McNeely (2001), when acculturation is considered, there is little difference between more acculturated males and females regarding their sexual behaviour. Suggesting that, more acculturated youth, irrespective of gender, have more tolerant or non-traditional values about sex than their less acculturated peers. Conversely, young Latinas, particularly those born in the U.S.

are progressively negotiating their own form of femininity. Though they respect their parents' wishes of conservative sexual customs yet defy their opinion that sexual freedom equates promiscuity (Denner, 2004). A study piloted by Bourdeau and colleagues, found that Latina adolescents were more confident than their male peers in their professed abilities to initiate sexual contact and request respect from their partners (Bourdeau, Thomas, & Long, 2008). Few acculturated Latinas from the first generation tend to have higher levels of conventional gender roles (favouring childbirth), will be able to negotiate sex when they grow older (after 16), and feel more invulnerable to sexually transmitted infections (STIs) (Kaplan, Erickson, & Juarez-Reyes, 2002; Newcomb & Romero, 1998; Unger, 2000). The above group also has fewer sexual partners in their lifetime (Edwards, Fehring, Jarrett, & Haglund, 2008). Contrarily, more acculturated Latino women will possibly carry out perilous activities like having multiple partners. Those in this category start their sexual life before the age of 16 (Kaplan, Erickson, & Juarez-Reyes, 2002; Newcomb & Romero, 1998).

2.5 Migration and reproductive health behaviour

Most aspherical studies carried out in South Africa, concluded that majority of migrants and their spouses are at risk of HIV infection. Similarly, another study conducted by (Lurie 2004) engaging a sample size of 228 female and 260 male depicts an increasing rate of HIV occurrences amongst internal migrants from rural KwaZulu-Natal to a lesser percentage reported by non-migrants. However, further studies in the discipline of HIV/AIDS indicated majority of movement by cross-border migrants bears an economic focus. Since most have left their socio-politically wobbly environments for greener pastures. Thus, health care and treatment are not their prior focus (CoRMSA, 2009). An equally significant aspect of HIV transmission is disclosure. Most of my local female clients married to migrants tested HIV positive with CD4 counts lower than 200 (mostly bearing AIDS related infections). Contrarily, after convincing their partners to test on the basis that their

spouses test came out inconclusive, most of these migrants were tested negative. Given, the current high-profile debate with regard to migrants' reproductive health, it is quite important not to generalize small scale studies conducted in specific space and time as there is need to investigate impact of other factors (personal experience, 2004-2012).

In South Africa, the internal and international impact of migration is evident in the expenditures on services reflected beyond food and education, which has reduced the need for children to seek employment (child labour). The above does take into consideration when a parent is not present. This however, this does not necessarily reflect on women as per societal norms. Since their absence will not impact on child survival which may be affected even by strong social family structure (Lu & Treiman 2007). Therefore, HIV/AIDS is projected as one of the causes of child and adult mortality (Collinson 2006). Though the exact reason is unknown, this will influence attitudes, beliefs and perceived behavioural norms of migrant youth as they join their families in the receiving countries.

According to Bärnighausen *et al.* (2007, as ciited in Vearey 2010) the rate of HIV prevalence amongst internal migrant is ever higher than that of non-migrants. They further affirmed that, even when tested against demographic variables, the rate of infection did not decrease. In this effect, urbanisation is a plus as many internal migrants attested to better health care treatment and psychosocial support to enhance their wellbeing. Since the above examples are based on internal migrants it is important to remind us that this thesis is about cross-border migrants and the outcome will be different if the sample population is changed. In this light, based on (personal experience, 2004-2012), female clients in the antenatal clinics with non-migrant spouses either tested positive or came in as known HIV. Their partners mostly tested positive to the HI virus. On a flip side, female with migrant client's spouses who tested positive to HIV, had majority of their partners testing HIV negative. Though further research is needed to unfold this discordant (when one partner is HIV

positive and the other is not) trend. There is an interplay of male circumcision and other factors as reasons. Conversely, (Vearey, 2011) attested to the fact that because migrants are in their prime when migrating they are therefore not susceptible to health risk.

2.6. Subjective norms related to sexual and contraceptive use

This section explains the extent to which youths can get involve in sexual activities and use effective contraception because there are informed by people close to them (parents, peers, church and teachers) who also influence other decisions in their lives (Hutchinson & Montgomery, 2007; Resnick, Bearman, & Blum, 1997). This section reviews the Latino culture and the crucial role parents play in the sexual decisions of their children according to rooted traditional values in familism, machismo and marianismo, (Raffaelli & Ontai, 2001; Up church, Aneshensel, Mudgal, & Sucoff McNeely, 2001). Nevertheless, certain studies recommend that traditional views on sexuality are shifting among the migrant population as well as Latinos living in Latin America. Current qualitative studies on Mexican migrant fathers from urban and rural areas of Mexico established that fathers were less worried about their daughter's premarital virginity and more concerned about their daughters' wellbeing, integrity, and dignity. Initially, fathers from Mexican urban and rural areas displayed different views regarding sexuality, with fathers from the urban areas exhibiting more radical views as opposed to fathers from rural areas. Nevertheless, fathers from categories in U.S both expressed concern for their daughters' security though in urban areas, young females are more exposed to physical and sexual violence, with a possibility for dating a drug dealer or gang member, and a higher incidence of STIs and unintentional pregnancies (González-López, 2004). According to Giordano, Thumme and Panting, (2009), Honduran mothers in Honduras would like to propose to their daughters' unconventional advice as they mature. When probed about the visions and expectations they

have for their daughters, these women desired their daughters to display more confidence, be independent before marriage and request equal opportunity of gender roles in marriage.

Nonetheless, these mothers would encourage their daughters towards childbearing at the right time in their marriage and the importance of delaying sexual relations to avoid being trapped in a relationship or having an unintended pregnancy. These studies highlighted the fact that youth should be given the opportunity accountable choices towards protecting themselves contrary to their parents over powering views suggesting only abstinence to teenagers until marriage. Parental norms may however, be relevant in reducing sexual commencement and early conception if parents talk to their children about their hopes for their children's future and how sexuality can upset them (Liebowitz, Calderón Castellano, & Cuéllar, 1999).

Communication is an important mechanism needed by parents and children as a step to decrease sexual risk elements. Trejos-Castillo and Vazsonyi (2009) affirmed that maternal communication was connected to less sexual risk-taking behaviours, though, Latino parents are not communicating to their children. The intention by Honduran women to communicate their hopes and dreams to their daughters as expressed in the focus group expressed study did not actually take place (Giordano, Thumme, & Sierra Panting, 2009). According to Gilliam, 2007a and Raffaelli, (2004), Latina mothers are confident in their social environment and culture to efficiently convey traditional opinions of behaviour and morality to their daughters, but they do not discourse it. Parents enforce firm dating rules and stressed on preserving a respectable image of one's self in the community to diminish sexual behaviours in their daughters (Raffaelli & Ontai, 2001). Conversely, Gilliam argues that, Latina adolescents desire to have open conversation about sexuality with their mothers (Gilliam, 2007a) as an alternative rather than indirectly learning about their prospects (Raffaelli & Ontai, 2001).

2.7 Summary

Most of the literatures rendered above are from countries other than South Africa. Subsequently, implications of the findings based on the intervention had a generalist undertone. Notwithstanding, the studies that are related to the theories in the African framework, such as Ghana and South Africa failed to go past prognostic statistical prototypes in clarifying the effectiveness of the models. However, it is important to relate that certain findings cannot be applicable in the South African context. Nonetheless these limitations can be curbed, because its worthiness remains in several situations where successful models can be tested and tried in South Africa. Likewise, the sample in this study (migrant youth in South Africa, aged 18-35), is contrary to the convenience samples employed by above studies. This comprised Latino adolescents, university students or clinic attendees.

CHAPTER THREE

THEORETICAL FRAMEWORK

Chapter Three reflects on the study's theoretical scope and deliberates on the theories that underpinning this research. Ajzen (1985) Theory of Planned Behaviour (TPB); Ajzen and Fishbein (1980) Theory of Reasoned Action (TRA) and Berry (1980) model of Acculturation provided the theoretical framework. This enhanced empirical investigation of the predictors of condom use in the sample population. The joint model of TPB and TRA propose that attitudes, subjective norms and perceived behavioural control, coupled with demographic and environmental factors, predicted individual's behavioural intentions (Montaños & Kasprzyk, 2002). The study utilized the theory of planned behaviour (Ajzen, 1985) as the foundation and conceptual framework to explore the predictors of condom use intentions of African migrant youths. The central theoretical concepts of interest to this investigation are attitudes, subjective norms, perceived behavioural control, and intentions to use the male condom.

3.1 The Theory of Reasoned Action (TRA)

Preliminary work on the theory of reasoned action was undertaken by Ajzen and Fishbein (1975 & 1980). The theory of reasoned action (TRA) gained its roots from social psychology, consisting of three main concepts namely: attitude, subjective norm and behavioural intention. TRA suggests that an individual's intention towards a particular behaviour is subject to his/her attitude regarding the behaviour and the impact of referent others opinion. TRA, illustrates an individual's attitude regarding a particular behaviour. It further affirms the credence about behaviour being an indication of a certain outcome and an assessment of the result of that behaviour. The intention to or actual participation in a behaviour, will depend on the favourable outcome to the individual. Accordingly, the TRA affirms that the intension of an individual to perform a behaviour is influenced by attitude

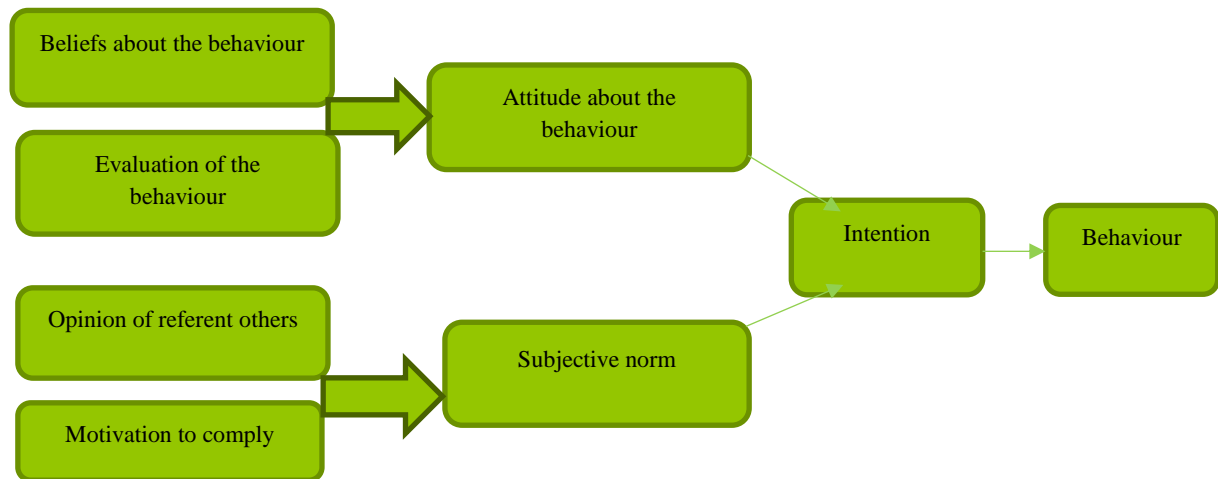
(see figure 7). Similarly, an individual is able to judge from constructive and disagreeable behaviour before carrying it out. Such as in my opinion condom use is safe or unsafe. Equally, it reflects on the subjective norm. That is their beliefs about the opinion of those relevant to them, as indicated in figure 7, also contained within one's attitude towards behaviour is their perception of the subjective norm. Subjective norm is understood as the opinions of those people who are important to him/her and how these influences behavioural outcome. (Fishbein & Ajzen, 1975).

Fishbein and Ajzen (1975), however affirms that "attitude and norm" cannot predict an individual's behaviour. "Indeed, depending on the individual and the situation, these factors might have very different effects on behavioural intention; thus, a weight is associated with each of these factors in the predictive formula of the theory. For example, you might be the kind of person who cares little for what others think and based on the subjective norms would carry little weight in predicting your behaviour" (Miller, 2005, p. 127).

In this study, it is important to note however that whether an individual partakes or intends to partake in any behaviour is powerfully influenced by the people who surround him. These people may consist of family, friends or a peer group and church. A belief that HIV can be washed off by showering may in some instances advocate for irresponsible behaviour towards condom use and can influence one's attitude towards unprotected sexual behaviours. However, people may also be prone or not to participate in behaviour based upon their need to conform to others. In contrast, bylaws or rules barring certain behaviour may influence one's attitude towards partaking in that behaviour. Strict bylaws of document identification in the antenatal clinics in the Western Cape province along with a desire to comply with the rules can lead migrants to believe that they will be punished should they

not adhere to or participate in that behaviour. They may also develop a positive attitude towards acquiring authentic documentation and a strong intention not to act otherwise.

Figure 7: An Illustration of the theory of Reasoned Action: Adapted from (Fishbein & Aizen, 1975)



According to the above explanations, amongst the other constructs (beliefs, attitudes, behavioural intention and subjective norm) intention to perform a particular behaviour is the most confounding variable (Montano & Kasprzyk, 2002).

3.2 The Theory of Planned Behaviour (TPB)

Ajzen (1988) Theory of Planned Behaviour (TPB) is a to improvement of TRA (Aizen, 1991). The TPB which is an enhancement of the TRA emphasises on the perceived behavioural control being the likely wood to either succeed or fail or being either in or not in control of one's behaviour and the consequences. This is influenced however by attitude, intention and subjective norm of an individual. That is the “perceived probabilities of success or failure, normative beliefs regarding important referents and motivation to comply with these referents” (Ajzen, 1985).

According to Sable and Libbus (1998), TPB is grounded on three independent “constructs: attitudes, subjective norms, and perceived behavioural control”. Here attitude is perceived as been influenced by “beliefs” and “its strength” on a particular behaviour.

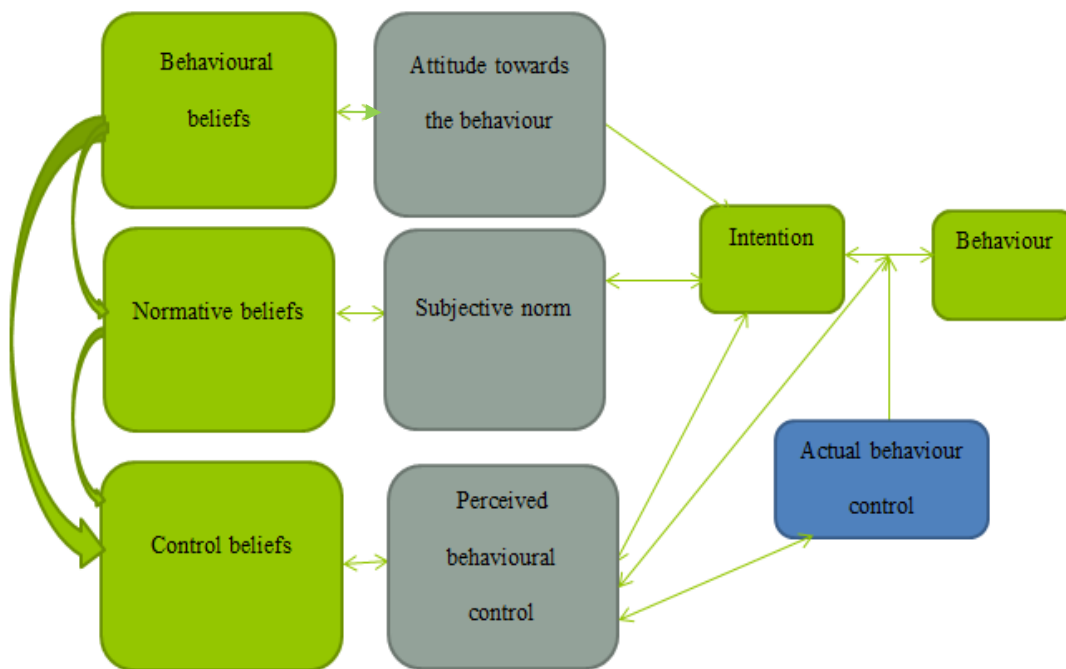
Subjective norms entail the complexity of an individual believing either to or not in the opinions of those relevant to him/her and the ability to comply or not to their opinions (Ajzen, 1991). Perceived behavioural control, which is the improvement of the TRA puts an individual in the position where he/she acts effortlessly or worries about the perceived action and its likely outcome. Either way, the outcome in decision making will take the individual to different parts. The first example relates to the extent to which the migrants as per the study sample is willing to preserve their tradition. In this scenario a “Yes, maintaining one’s culture” or “No, giving up one’s culture” will see both experiencing a shift towards different paths.

TPB is a value anticipated theory where the individual is presumed to be a rational actor who weighs his or her choice towards performing the behaviour. This is inclusive of its main constructs namely: subjective norms, perceived behavioural control and attitudes they possess regarding the behaviour (Ajzen, 1991) as presented in figure 9. The determinant of attitude deals with the ability of an individual to understand the impact of a positive or negative belief on a behaviour and subsequent outcome. Meaning that if an individual believes that a positive attitude will lead to a positive behaviour, he/she will be optimistic towards performing that behaviour and the same will apply to a negative belief. For example, an individual who has a strong belief that condoms reduce the sexual pleasure and considers penetrated sex without condom as the ultimate outcome, will have negative attitudes towards condoms and thus less likely to use this method. Attitudes are indirectly measured by two scales: behavioural beliefs and outcome evaluation (Ajzen, 1991; Ajzen & Fishbein, 1980).

Behavioural beliefs is a representation of “salient beliefs linked to the behaviour” which are measured in scales. For example, continuing with the example of using condoms, salient beliefs might include “lack of sexual pleasure” and “effectively prevents STIs”. An

individual evaluates the happening likelihood of each belief. Outcome assessment refers to the importance an individual ascribes to each behavioural belief. The individual indicates whether each behavioural belief is good or bad. Both behavioural beliefs and outcome evaluations are usually measured (Ajzen & Fishbein, 1980). For example, an individual assesses how much her partner will approve of her using condom and whether it is important to do what her partner wants her to do. Notwithstanding, an individual with strong normative beliefs is expected to get support to perform the proposed behaviour (see figure 9) (Fishbein & Ajzen, 1975).

Figure 8: An illustration of the theory of planned behaviour: Adapted from (Icek Ajzen, 2006)



However, it is expected for an individual to perform a particular behaviour continually based on an optimistic outcome. Similarly, Terry and O’Leary (1995) considering the link existing between “intentions and behaviour” call for a “separate measurement of perceived behavioural control and self-efficacy in research”. Contrarily, Montano and Kasprzyk (2002) propagated the idea of time and space. They attested that though there is similarity

regarding perceived behavioural control and Bandura's model of self-efficacy, when placed in a scenario, an individual's behaviour may be affected. Bandura lay emphasis on expectancies. Indicating that "efficacy expectancy and outcome expectancy" can impact on an individual's choice to perform a particular behaviour (Bandura, 1982).

Ajzen (1985) and Ajzen and Madden (1986) propagates the similarity in "perceived behavioural control and self-efficacy" conceptually. contrarily to this, Terry and O'Leary (1995) demonstrate otherwise. They persist that an individual's ability to either or not to perform a behaviour is not equivalent to the ease or difficulty involved in performing it. Notwithstanding, the above model advice researchers to measure "perceived behavioural control and self- efficacy" apart. This stance is grounded on the connection between "intention and behaviour" (Terry and O'Leary 1995)

In a distinguished emphasis between the TRA and the TPB, Ajzen (1985) stresses on an individual's ability in his/her intention to perform a particular behaviour against their inability to control the performed behavioural outcome.

Conversely, to predict behaviour, it is prudent to understand and "estimate" the length to which an individual is willing to take as to dominate a particular behavioural outcome (Ajzen,1991). As elucidated by Equation (2) below:

$$B \propto B_t = C$$

Where:

(B_t) Is the strength of an individual's endeavour to perform a behaviour?

(C) Relates with the individual's degree of control.

(B) Determines the probability of the actual performance of the behaviour

The above is an indication of an individual's likelihood towards achieving a greater behavioural goal. This depends on their ability to curb both within and without influences (Ajzen, 1991).

Furthermore, in this model Ajzen advocated the precision envisaged when an “individual’s intention is combined with perceived behavioural control” will accordingly, “help predict behaviour with greater accuracy than previous models” (1991). Also, Ajzen assumes that a behavioural performance is functional to “intentions and perceived behavioural control”. For precision to be reached, the is needed to adhere to the following (1991).

To measure “intention and perceived behavioural control” it is essential to understand that the above is ‘obligated to equal the predicted behaviour’. Summarily, Ajzen concludes that to have a precise behavioural outcome, the behavioural context should be held constant while intention and perceived behavioural control correlate (Ajzen, 1991). An illustration of the behaviour would be “to use a condom every time I have sex”, not “to prevent myself from HIV infection”. Finally, actual behaviour should reflect the realistic opinions of behavioural control (Tlu, 2009).

It is imperative to note that, the ability to predict a person’s behaviour fluctuates with the changing situation and a particular behaviour and considering the significance of intention and the control of his/her perceived behaviour. Thus, for behaviour to be determined by intention, an individual has to control the frame of his/her behaviour. In an instance where a reduced control is experienced, “both intention and perception of control are required” (Tlu, 2009; 1991).

Conferring to TPB, attitudes, perceived behavioural control and subjective are antecedents to intentions and actions. *Behaviour is a function of salient beliefs* around any particular behaviour. Although people can possess various beliefs about an *actual behaviour*, the determines of intention and action lies on the most salient beliefs.

The theory of planned behaviour concurs that, salient beliefs are the antecedents to AAct, SN and PBC. This concept distinctively estimates belief strengths with Likert scaling or Semantic Differential. Behavioural beliefs, accordingly, will lead to AAct, normative

beliefs will lead to SN, and control beliefs to PBC (Ajzen, 1991; Tlu, 2009). Whereas other researchers merge the above antecedents Ajzen retains them separately.

Equation (3) can be conveyed as illustrated by (Tlu, 2009):

$$AA_{wi} + SN_{wi} + PBC_{wi} = BI$$

(note: w_i = weights that are based on multiple regression analyses)

Where:

(BI): Behavioural intention

(AAct): Attitude towards the Behaviour

(PBC): Perceived Behavioural Control

(SN): Subjective Norms

The different types of silent beliefs namely: *behavioural beliefs, normative beliefs and control beliefs* should be treated separately according to Ajzen (1991)

Behavioural beliefs and attitudes towards behaviour

The ability of an individual to perceive the outcome of a said behaviour is termed behavioural belief. Likewise, a person's attitude towards a particular behaviour is correlated to value. Meaning it determines the outcome of a behaviour be it positive or negative. This may enhance his/her ability to develop attitude towards the behaviour. Equally, behaviours with suitable implications are preferred to those that possess fewer desirable implications, towards developing an attitude.

Normative beliefs and subjective norms

This is an indication of a person's relevant others' belief that may influence the behaviour under investigation (family, friends, partner, pastor and peers).the normative belief is effected when a person is motivated to act upon the opinions of those referent others. According to Ajzen (1991) as cited in Tlu (2009) "the strength of each normative belief (n) is multiplied by the individuals' motivation to adhere (m) with the referent under investigation. The subjective norm (SN) is directly proportional to the sum of the resulting products across n salient referents" (important others)

Control beliefs and perceived behavioural control

Control beliefs reflects on a person's belief on factors that are present to enhance towards enacting a behaviour. This explains therefore an individual's state of mind before acting on a particular behaviour. Consisting of two facets, it firstly depends considerably on a person's control over a particular behavioural outcome and the confidence an individual has towards his/her ability they have to either act upon or not to act upon the behaviour (Ajzen, 1991; Tlu, 2009).

The illustration that "each control belief (c) is multiplied by the perceived power (p) of the particular control factor to facilitate or impede the enactment of the behaviour and the resulting products are summed across n salient control beliefs to produce the perception of behavioural control" perceived behavioural control (Tlu,2009; Ajzen, 1991).

The correlation between TPB and subject condom use is equated to an individual's perception and behavioural outcome in a systematic and scientific manner. Since sex and likewise HIV are issues dealing with morality, the optimum tool an individual possesses to control outcome is the mind and this should take into account context and time frame. Thus, Fishbein (1993) indicated that "the battle to prevent AIDS is a behavioural battle" (p. xxi). Various studies that used TPB portrayed how volitional behaviour depicts the role of the constructs of TPB in relation to sexual behaviour and the ability of cubing HIV infections through appropriate behavioural change (Abraham & Sherran, 1996).

3.3 Berry's theory of acculturation

Berry's theory of acculturation explains the course of events in an individual's life when he/she enters a place different from their environment and has to adjust following an interaction with a different culture (Berry, 2003; Sam & Berry, 2006). The theory of acculturation is very ambiguous and complex so is it definition which varies accordingly reflecting different disciplines. Although in 1936, the conventional preparation of the theory

of acculturation was propagated by Herskovits, Linton and Redfield, its origin could be traced back in 1880 (Powell, cited in Herskovits, 1938). The disciplines of; anthropology and sociology, were the first to champion the advocacy of the theory of acculturation while psychologists were notably absent. In 1981, Dyal and Dyal affirmed in their findings that “these two disciplines, along with economics and political science, have staked out and established claim to much of the domain of acculturation research” (p. 303). Similarly, (Graves and Graves, 1974), acclaimed their disappointment towards the absence of psychology discipline in a review of over 140 journals. However, in the “Journal of Cross-Cultural Psychology on the psychological perspectives on culture change” (Berry, 1977) identifies interest in acculturation study by psychologist. Since “in recent years’ psychologists themselves have increasingly engaged themselves with a range of psychological variables which are thought to precede and stem from changes in a cultural system” (p. 131). Therefore, the multifaceted theory of acculturation can truly be approached from an interdisciplinary perspective considering language as an integral part of adaptation (Nicassio, 1985).

Accordingly, acculturation is further perceived as process where an individual accustom him/her self to the decrease of “conflict, which is conceptualized in three modes: *adjustment*, *reaction*, and *withdrawal*” and further endorses contact, conflict, and adaptation” as the import factors with “contact as the core model to the acculturation process”. Interaction is a core peculiarity of the theory of acculturation as it depicts the extent to which an individual is willing to or not to assimilate to the receiving culture (Berry, 1980) declares that “the least acculturation may take place where there is no purpose (contact is accidental), where trade is mutually desired, or where contact is short-lived, the greatest acculturation will take place where the purpose is a deliberate takeover of a society (e.g., by invasion) or of its skills or beliefs (e.g., by settlement)” (Berry, 1980. p. 11).

Interestingly, in the 90s, Berry added the following to the theory of acculturation. Firstly, the ability of an individual to stick to their culture of origin or alternatively to

embrace the receiving country's culture. Similarly, Berry further proposed the following strategies to enhance acculturation. There are; *integration*, *separation*, *assimilation* and *marginalization*. *Integration* represent those who have chosen to maintain both their culture and that of the receiving country. *Separatists* have decided to place more value to their culture of origin to that of the receiving country. *Assimilation* attest to the category that profess their total allegiance to receiving community against theirs. The marginalised are those who have rejected both cultures (Berry, 1994; 1997). The above category played vital roles in the present thesis. Choices towards condom use to an extent was influenced by the above categories in relation to participant's length of stay in South Africa. Those that have stayed longer portrayed more of interaction, while those who were recent in the country were categorized under separationist.

There is a variety of studies internationally on minority groups such as Latinos. This group was empirically found to be assimilated to their host country's culture. It has notwithstanding, positively influenced their knowledge of HIV and use of condom. However, they also found to indulge in drug and high risky sexual behaviour making them susceptible to STIs (Marin & Marin, 1990). This was attributed to the fact that more acculturated Latinas have lived longer in American society that consists of a different behavioural pattern with regards to sex and condom use uncommon in the Latino culture. Organista and Balla- Organista (1997) also found that length of time in the South America predicted condom use among migrant workers in Orange County, California. In a study carried out nationally, it was concluded that length of stay played an integral part in terms of those who had stayed longer and were more assimilated than those who were new. This further made the former to formulate the habit of many partners while the latter category was separationist. Another study conducted on women found the contrary. Here, women who had stayed longer were married and had one partner as compared to those who were new. Some national and state surveys have found that highly acculturated Latino men are

more likely than less acculturated men to have multiple sexual partners (Sabogal, Faigles, & Catania, 1993; Marin, Gomez & Tschann, 1993).

From a macro theoretical perspective, Berry (1980) designed a framework and describes the need to approach the theory of acculturation from an interdisciplinary perspective, linking the “individual and group”. Similarly, the group level framework was used in this study as a predictor of intention towards condom use to measure the impact of acculturating on African migrant youth. Berry and Kim (1988), indicated that socio-cultural and psychological changes may occur to both groups. Notwithstanding, the findings of this study projected that the impact of acculturation on migrants should take into cognisance the length of stay in South Africa, relationship status, gender and age. The above variables play a vital role and may change a migrant outcome behaviour towards condom use.

3.4 Summary

It is a reality that South Africa has to an extent curbed the transmission of HIV/AIDS especially from mother to child. However, there is an unexplained rising number of new infections. Since HIV is a disease with moral connotation, a behavioural and mind set approach towards condom use is an indispensable model. Notwithstanding, there is need for policy and targeted prevention programmes to cease from treating youth as a homogenous group, making it difficult to assess preventive and sexual risk behavioural services for the various migrant subgroups. The implication is that there is paucity in health education and research programs on HIV/AIDS prevention addressing the specific needs of the different African migrant subgroups such as African migrant youths who are particularly at high risk due of a history of displacement, sexual and gender-based violence, economic disruption, psychological stresses and forced migration.

CHAPTER FOUR

METHODOLOGY

The fourth chapter deliberates on techniques and design utilized to realise the research objectives and answer the questions stated in Chapter 1. Additionally, it clarifies the methodology employed to justify purpose and ascertain the research hypotheses. An elicitation study was conducted in the initial stage of this study to: Comprehend the distinctiveness of the target population; enhance interventions; modify it to their specific circumstances and increase intervention relevance. The elicitation was limited in scope and sample size representation, thus limiting the research's generalisation capacity to the sample population in South Africa (Tantoh, 2014). To enhance generalisation, quantitative method was employed in this present study. This is an enlargement of the elicitation study conducted in agreement to the above prescription.

4.1. Research design

A research design according to De Vos (2005) is an approach which deals with details of how to carry out a study. Conversely, Babbie and Mouton (2007) further define it as a format employed to achieve prescribed goals in research. Similarly, Burns and Grove (2005, pg. 211) affirm that the representation of a research design should reflect on the outcome and decisions attained by a researcher.

This study adopted a quantitative model, underpinned by a correlational (quasi-experimental, exploratory and descriptive) design. According to Nana (2015), a quantitative research design lays emphasis on “number or frequency of incidences of events, the size or weight of indicators to draw conclusion”. The present project further employed the above to enhance the determination of attitudes and intention of migrant youth in Cape Town as applied by the theory of planned behaviour.

Straub *et al.* (2005) maintained the role of “numbers” in the illustration of “values and levels of theoretical” models with a strong scientific evidence of the phenomenon’s functionality and clarification of the numbers. In this study, the illustration of values and levels of numbers of the theory of planned behaviour and acculturation explained this approach.

Congruently, one of the advantages of quantitative research design is that it gives researchers the privilege to collect large data which may enhance generalization of the sample population (Rosenthal & Rosnow, 2009). This method is best suited to the proposed study owing to its ability for the researcher to acquire information pertaining to the use of condom and intentions of migrants using a representative sample of 500 participants (Johannesburg, cape Town and Limpopo). Numerical data collected was analysed using the SPSS and more specifically mathematical computation as an attempt to enhance the hypotheses.

Hypotheses

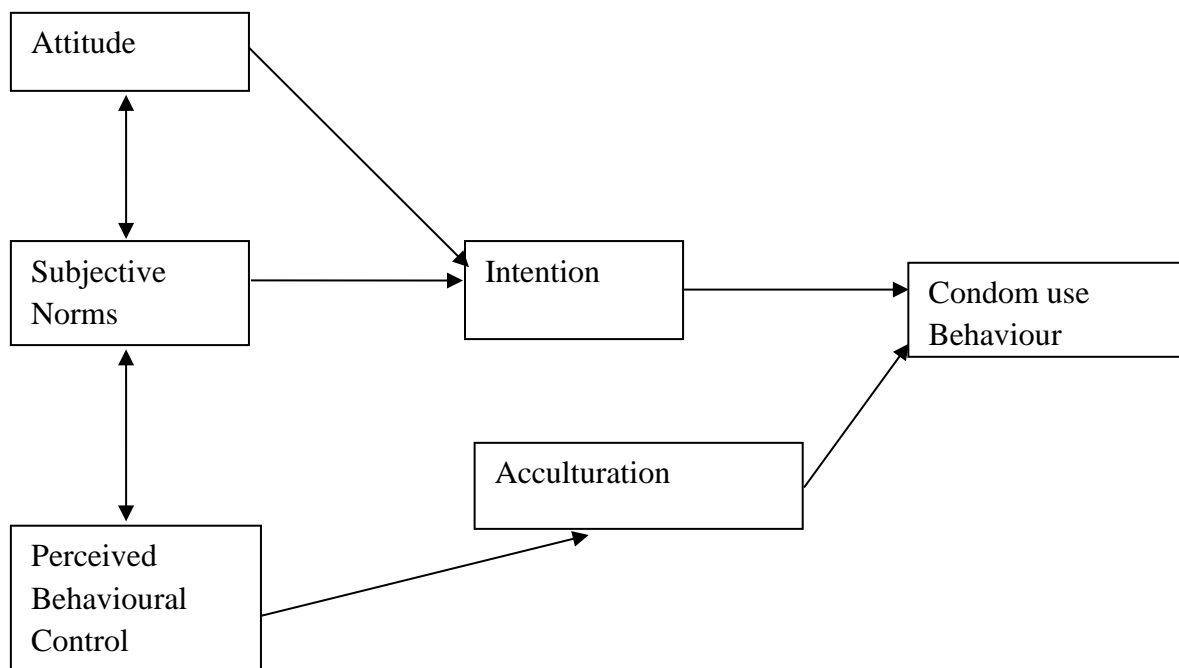
Kerlinger (1956) affirms that “a hypothesis is a conjectural statement of the relation between two or more variables”. In this study, the variables inherent in the TPB are subjective norms, attitude, perceived behavioural control and intention.

Additionally, Creswell (1994) defines hypothesis “as a formal statement that presents the expected relationship between an independent and dependent variable.” Evidently, in this thesis, the construct of the theory of planned behaviour (attitudes, subjective norms and perceived behavioural control) acted as an independent variable while migrant’s ability to use condom is the dependent variable. Notwithstanding, intention and the theory of acculturation was utilised as the mediating variable. The following hypotheses were framed;

1. Attitudes, subjective norms, intention and self-efficacy will increase the behavioural control of migrants towards the use of condom.

2. Attitudes, subjective norms and perceived behavioural control (self-efficacy) predict the male condom use intentions of youth migrants in South Africa?
3. Attitudes, subjective norms, perceived behavioural control (self-efficacy) and intention will predict pan-African acculturation orientation of youth migrants
4. Socio-cultural factors determine the use of condom by youth migrants during sexual intercourse.
5. Attitudes, subjective norms, perceived behavioural control (self-efficacy) and intention will predict sexual activities of youth migrants.

Figure 9:1 Hypothesized model of the theory of planned behaviour.



In this section the measurement scales of independent and dependent variables that underpinned this study is discussed. Subjective norm, attitudes, and perceived behavioural control form the independent variable category, while condom use behaviour is the dependent variables. Notwithstanding, intention and the theory of acculturation were used as mediating variables. Below is explanation of the variables employed by the researcher, they are:

Attitudes: This is perceived as the influence of an individual's beliefs and the ability to act on that belief in terms of condom use. Conversely, if the individual belief towards condom use is either positive or negative it will reflect on likewise on behavioural outcome.

Subjective norm: It entailed the complexity of an individual to either act or not upon the opinions of those important to him/her regarding condom use. Congruent to the above, higher scores of measurements will depict higher indication for condom use.

Perceived behavioural control: Perceived behavioural control, puts an individual in the position where he/she either acts effortlessly or worries about the perceived action and its likely outcome. It was measured using condom self-efficacy scale. The scale comprised of the following six sub-domains; "Technical skills, Image confidence, Emotion control, Purchase, Assertiveness, and Sexual control".

Below are the dependent variables and their measurement scale.

Condom use behaviour: This section acclimatised the Dixon, Peters and Saul (2003) measurement of sexual activity and the male condom. Questions were formulated directly with the above. This study utilized the Likert scale which measured within the range; 1 (strongly disagree) to 5 (strongly agree), participants evaluated their frequency of the use of condom during vaginal sex (Dixon, Peters & Saul, 2003). Additionally, the study measured the primary and non-primary (partner status and risk behaviour) partner's sexual activity and condom use.

Primary and non-primary partner: (partner status and risk behaviour) This category is associated to relationships in terms of sex and condom use, with an association to high use of condom. A study carried out on Latinos in America portrayed high use of condom in both the primary and non-primary categories. Contrarily, Tantoh (2014) depicted a slight change in her study on migrant youth in Cape Town. In the Cape Town study, primary partners used less condom while those operating in the non-primary category used condoms often.

Primary partner: In this study primary partnership is identified as two people engage in an intimate relationship and have either made or are making plans towards major long-term commitments. Congruently, the measurement of respondents' use of male condom with a primary partner was rated according to the binary measurement scale. Participants' confirmatory response of (yes/no) to the question "have you had sex with your primary partner in the last 6 months?" indicated the number of times participants had sex with non-primary partners and also the regularity in the use of condoms. (Dixon, Peters and Saul, 2003; Shishane, 2016).

Non-primary partners: In this study, non-primary relationship denoted either a romantic or sexual connection that by shared arrangement does not possess the conventional objective of becoming a primary life partners.

Mediating variables: The mediating variables employed in this study included; acculturation and intention.

Acculturation: It entails a transitional process through the interaction of cultures by individuals who have left their countries of origin to a receiving country in this case South Africa, due to social, political and economic reasons (Berry & Sam, 1997). A revised version of the *Pan-Acculturation Scale* was employed towards measuring the degree of acculturation in this study.

Intention: Based on an individual's attitude, behavioural control or the impact of referent others opinion, and the extent to which he/she may intent either to act on a particular behaviour or otherwise. In this study intention was measured using Doswell's Intention on Sexual Behaviour Scale (Basen-Engquist *et al.*, 1999; Shishane, 2016). To measure intention, respondents were asked of their intention to indulge in premarital sex with or without condom. See chapter five for findings.

4.1.1 Elicitation study

At the initial stage of this study an elicitation qualitative study was done a year preceding the commencement of this research project. It was aimed at formulating the basis of this thesis, as prescribed by the TPB and TRA. Accordingly, open-ended in-depth interviews were utilized in the elicitation project to ascertain the sample population beliefs and that of those important to them modal salient beliefs (commonly held beliefs) and modal subjective norms (most frequently reported significant others) in the target population (Ajzen & Fishbein, 1980; Tlu, 2009).

The elicitation study was aimed at exploring the factors influencing behavioural intentions and attitudes of young migrants in Cape Town South Africa towards condom use. The study was a qualitative study that utilized purposive sampling and snow balling as its methodology to investigate and obtained findings to the intentions of migrants' behaviour. It employed in-depth open-ended questions developed for interviews in English. Participants consisted of 20 young migrants in the 18-35year cohort. The 20 respondents where from Cameroon and the Democratic Republic of Congo respectively. The 20 samples consisted of; 13 males and seven females; 10 singles and 10 married; nine single males and one single female; six married females and 4 married males (Tantoh, 2014).

The research findings indicated that migrants convened a positive attitude towards condom use. However, the free distribution of condoms may have created a risky sexual behaviour which explaining the increased number of girlfriends based on the availability of condoms. Conversely, the researcher found that, those reverent others (parents, siblings, pastors, partners and friends) have the potential of either influencing the behavioural intentions of migrants positively or otherwise, towards testing for HIV and condom use. Evidently, based on further findings health workers may to a certain extend increased migrants' susceptibility to health care barriers and challenges. The purposive and snow balling methods employed in this study utilized convenient limited samples of 20 migrants.

As a result, these findings could not be generalized to the entire migrants' population (Tantoh, 2014). For these reasons, there was a need for further research in a larger scale using quantitative method to enhance further enquiry and generalisation.

4.2. Population and Sampling

The section population and sampling explain the techniques applied by the researcher. Population in research entails the number of human samples drawn to represent the entire population. (De Voss *et al.*, 2002). This study utilized the Time Location Sampling (TLS) which is now the standard model for on-going HIV behavioural surveillance in America (MacKellar *et al.*, 2007) in selecting minimum sample size required for multivariate statistical analysis. Through TLS the researcher randomly selects venues as proxies for arbitrarily selecting population members. In this study, the TLS did not only target youth but specifically identified migrant youth in the 18-35 age cohort as its participants. It employed the venue-daytime (VDT) based random selection and the formative research phase to guarantee a high proportion of venues by priority population and incorporated in the sampling frame. Majority of empirical research carried out in the discipline of HIV, studied convenient samples of high school students and teenagers (Boyd & Wanders man, 1991), but excluded migrant youth in Africa. It will be advantageous to extend behavioural research to the migrant youth population. Their present state of mind is a mixture of their receiving society, perceived beliefs and the interplay of policy in terms of the constitution and policy implementation in especially health facilities in Cape Town. Similarly, the true probability sample in a target population is mostly difficult to acquire due to lack of censuses in the migrant population, TLS creates opportunity for possible interpretations concerning the population. The researcher employed this to enrich the robustness of randomizing VDTs, systematic sampling migrants in Cape Town, Johannesburg and Limpopo.

This study sample consisted of 500 migrants. Eligibility of participants were subject to their availability and willingness to partake in the project. An advantage of adopting a TLS is that it assumed representativeness by approximating random cluster sampling for efficient for rare or hard to reach populations and the generalization of findings. Its key disadvantage stems from the fact that it is to an extent hard to validate and it is bias towards those who attend venues, leaving out those who never or rarely attend.

The groups eligible for the study was targeted for participation based on their availability. The researcher contacted and brief all potential participants of the study. Respondents signed consent forms to enhance confidentiality. Contacts were made by the researcher telephonically in some cases.

4.3. Sample size determination

According to Struwig and Stead (2001), it is challenging to determine the ideal sample size of a study. However, they affirm that the sample size of a quantitative method depends on its generalisation and transferability capacity. Additionally, the sample should not be too small or too large. In this study, a sample of 500 was employed from three provinces in South Africa. It has the potential for provincial generalisation.

The general formula is
$$n = \frac{(Z)^2 \times P \times (1-P)}{ME}$$

n= number of sample size;

Z = Z-value (e.g., 1.96 for a 95 percent confidence level)

P = Percentage of population picking a choice, expressed as decimal

Margin of error =3, which is less than 5% thus indicating acceptable strictness.

A Z-values (Cumulative Normal Probability Table) represent the probability that a sample will fall within a certain distribution.

The Z-values for confidence levels are:

Prospected prevalence of 10%, implying P=90% or 0.1 and q=0.9.

Design Effect=1.3. This Design Effect (DEFF) is higher than one because simple random is not used, but time-location sampling was used. This high DEFF is to correct the bias induced by this sampling technique and more specifically to improve the variability of the sample (Nana, 2018).

$$N_{\text{effective}} = N \times \text{DEFF} = \frac{(1.96)^2 \times P \times (1-P)}{(0.03)^2} \times 1.3 = 500.$$

Thus, the study's sample size determination is expected to be 500 migrants

4.4. Recruitment and inclusion criteria

Recruitment of the silent phase of this research underpinned by the TPB involved 20-25 participants while the main project should boat of at least 80 respondents (Francis *et al.*, 2004) The foundation phase of this study termed the elicitation stage aligned to the requirements by recruiting 20 participants (migrant youth). The main and present stage recruited a maximum of 500 participants aged 18-35 years. The participants consisted of young migrants in South Africa in three provinces; Johannesburg (Gauteng), Cape Town and Limpopo. Furthermore, the sample focused on migrants who were either in school, working or planning to either enrol in school or in the process of job hunting.

4.5. Data Collection

Gaining Entry. To gain access, the researcher aimed at recruiting participants through Time Location Sampling (TLS) in Johannesburg, Cape Town and Limpopo respectively. This was achieved via prior recruitment of participants from migrants recreational and business areas. The researcher visited the designated areas on particular time frame unknown to participants

for recruitments. The various cluster leaders and centre proprietors were identified. The project was explained to them in-depth, considering the objectives and ethical considerations. Those eligible were assigned to the project based on the University of Cape Town's ethical process and objectives underpinning the research. (see section 4.8). Johannesburg, Cape Town and Limpopo provinces were purposefully selected because of their boarder/central position and the portrayal of a mixture of migrant youth of both genders and the age cohorts applicable for this study. Notwithstanding, the Limpopo province posed a little problem as most migrants in the beginning did not want to be identified as migrants. This was latter resolved after a brief explanation to by the researcher. The aim of the research was explained thus, distilling their idea of the researcher coming from the department of Home Affairs to check on those without proper documentation. Additionally, these provinces harbour majority of the sample population (Statistics South Africa, 2016).

Data collection was done using self-administered questions enhanced by the theories of TPB and acculturation. Similarly, data collection entails the following: firstly, the researcher's need to put information together and measure using measuring scales of the dependent and independent variables in a manner that does not affect respondents and the outcome (Punch, 2005). Participants were briefed on the study (its objectives, purpose and intervention potential), confidentiality and consent to establish a conducive and convenient environment free from discomfort to enhance the research outcome. Questions were designed in English for better comprehension and delivery of participants as they partook in the study. In addition, the researcher established rapport and gained the cooperation of the participants using this method of data collection (Creswell, 2008). Through this method (TLS), the researcher allowed respondents to participate individually and create a platform to guide the participants through the answers. Furthermore, the research was conducted in

an environment comfortable for respondents to be free taking into consideration the sensitive nature of the topic.

The research questionnaire was underpinned by the main research question. These questions were adapted in line with the TPB for use by the researcher to enable the application of the theory of planned behaviour on participants' outcome behaviour and intention towards condom use. According to Kendall (2008), questionnaires can generate proof of patterns amongst large populations, in this instance the vast growing migrants' population in South Africa. In relation to Bergman *et al.* (2004), this study possessed well aligned instruments (questionnaire). Conversely, the constructs measured namely: subjective norms attitudes and perceived behavioural control appears in most TPB research, thus, this study employed administered face to face questionnaire instrument to establish and test TPB's efficacy (Ajzen, 2006).

Instruments developed for this study was used with precise recommendation as prescribed by TPB. It included 116 questions and comprised of seven categories. In sections two to five, items are set to the 5-point Likert scale ranging from *1-strongly disagreed* to *5-strongly agreed* as (Dixon, Peters & Saul, 2003). In part six, the 4-point scale of acculturation was used by participants whose choose from my country of origin, South African, both and neither. Questions such as *"I am excited about being a member of?"* generated an answer from one of the above acculturation scales. The last section, the binary yes or no scale assumed questions like *"have you had sex with your primary partner in the past six months?"* These categories assessed youth migrants' *socio-demography* (section one); *attitude towards the condoms scale* (section two); *referent group norms of condom use* (section three); *perceived behavioural control to use the male condom* (section four); *intention to use the male condom scale* (section five); the modified *Pan African acculturation rating scale* (section six) and the *sexual activities and condom use* (section

seven). Quantification also facilitated the ability to “aggregate, compare and summarize” data to enable “statistical analyses”. This study was preceded by a pilot project to enhance the trial of TPB’s efficiency (Tlu, 2009; Shishane, 2016; Ajzen, 2006).

A pilot study is usually necessary in a study to try the research method on a small scale. According to Monette *et al.* (1998) as quoted in (De Vos, *et al.*, 2002) it is “as a small-scale trial run of all the aspects planned for the use in the main inquiry” (p. 211). Ten participants were recruited in Johannesburg for the pilot test. This process assisted the researcher in the time frame allocated for the study; verify the feasibility of the questionnaire; measure the participants’ accessibility and affordability to proposed venue. Furthermore, Ajzen (2006) recommended that, to protect “reliable, internally consistent measures”, the researcher selected items that were suitable during the developmental phase of the questionnaires (Tlu, 2009; Ajzen, 2006). This pilot study did not prepare the researcher for the incident that took place in Limpopo as explained above (see section 4.5; gaining entry). Based on the pilot study, the researcher identified some questions that were repeated, participants complained of the time frame, some women needed more time because they had to attend to their children in the other room before returning to complete the questionnaires. These were adjusted after the pilot stage

4.6. Measures

This study employed measurement scales based on a multi-item five-point Likert scales developed and authenticated by previous researches: Brown’s (1984); Basen-Engquist *et al.*, (1999); Baele, Dusseldorp and Maes, (2001); Turchick and Gidycz (2012). Congruently, acculturation was assessed using a four scale points as adopted from Soriano (1999). In the last section, Dixon, Peters and Saul, (2003), sexual activities scale was utilized to ascertain how often were participants involve “vaginal sex with primary partners” The question entails; “*have you had sex with someone other than your main or primary partner*

in the last 6 months”? Conversely, dichotomous variables were employed to assess vaginal sex with (1) *Yes*, (2) *No*. The regularity in using male condom with a primary partner while having vaginal sex had the same grading as that of primary partner’s use of condom questionnaire (Shishane, 2016; Dixon, Peters and Saul, 2003).

Demographic variables: Demographic variables, assessed age, gender (i.e., male, female), length of stay in South Africa, (i.e., 0-3, 2-5, 5-10, 10-15, +15), country of origin, home language, relationship status (i.e., married, single, separated, divorced, dating, widowed, engaged).

Attitude towards condom use scale (ATCS; Brown, 1984)

Attitudes towards condom use: This scale is formulated by Brown (1984) and was used to assess the attitudes of respondents. It consists of 39 items and 5-likert scales indicating 1- (*strongly disagree*), 2 (*somewhat disagree*), 3 (*neither disagree or agree*), 4 (*somewhat agree*) and 5 (*strongly agree*). Questions reflected the participants’ attitude consistent with the underpinnings of TPB (Brown, 1984; Shishane, 2016).

Referent group norm of condom use scale (Basen-Engquist *et al.*, 1999)

Subjective norm of condom use: The measurement scale of the referent others group (subjective norm) of condom use involved Ten items with a five-point Likert scale (see section three Appendix B). Congruent to the above, higher scores depicted a higher indication for the use of condom (Shishane, 2016; Basen-Engquist *et al.*, (1999).

The condom use efficacy scale (Baele, Dusseldorp and Maes, 2001).

Perceived behavioural control of condom use: in this study, the researcher applied the efficacy scale to measure respondents perceived behavioural control. *This consist of 32 items and a five-point Likert scale was assessed* (see section four Appendix B). The scale has six sub-domains ranging from: one, “*Technical skills*”; two, *Image confidence*; three, *Emotion*

control; four, *Purchase*; five, *Assertiveness*; and six, *Sexual control*” Baele, Dusseldorp and Maes, (2001).

Intention of Sexual Behaviour Scale (Turchick and Gidycz 2012)

Intention to use condom: The measurement of intention employed an adapted version of Turchick and Gidycz (2012) scale. It consists of three items and 5-scales. To measure intention, respondents were questioned of their intention in having pre-marital sex and the use of condom during the sexual process. indulge in premarital sex and if they intend to use condoms whenever they involve in premarital sex.

Pan-Acculturation Scale from (Soriano, 1999)

Acculturation: Acculturation was assessed using the **Pan-Acculturation Scale** from Soriano (1999). To suit the study objectives, this version was revised accordingly by the researcher; ‘cultural group’ substituted for my ‘country of origin’, while ‘American culture’ substituted for ‘South African culture’ (see section six, Appendix B). It consisted of 23 items and measuring 4 scales. Participants where be asked to choose from (1) my country of origin; (2) South Africa; (3) both and (4), neither.

4.7. Data management and analysis

Conception of the Analytical Guide

The analytical guide follows the specific objectives of the study.

Review and Labeling of Questionnaires

At this stage, questionnaires not completely and correctly entered were removed they were further coded for easy identification especially when faced with questionable entries (Nana, 2015).

Data Entry and Clean-Up

Data entering was done using “EpiData Version 3.1 (EpiData Association, Odense Denmark, 2008) and analyzed using the Statistical Package for Social Sciences (SPSS)

Standard version, Release 21.0 (IBM Inc. 2012)”. Data clean-up (content clean-up and exploratory statistics): Exploratory statistics is an integrated part of data clean-up. Variables were explored to identify questionable entries, inconsistency in responses and outliers. Additionally, their validity was discussed to enable necessary corrections (Nana, 2015).

Exploratory Statistics and Data Validation

The “pre-designed EpiData Version 3.1 (EpiData Association, Odense Denmark, 2008) database which had an in-built consistency and validation checks to” help in minimizing entry errors during data entry initially helped to minimize entry errors. Similarly, exploratory statistics was employed to provide “further consistency with data range and validation checks in SPSS version 21.0 (IBM Inc., 2012)”. Other validation test utilized included Missing Values Analysis and Reliability analysis. Entry errors were not identified in this study. Notwithstanding, data range check was activated for all the variables except for country of origin which was a string variable (Nana, 2015).

Missing Values Analysis

Missing Value Analysis is an integrated aspect of exploratory statistics. This attest to the fact that it helps appreciate missing rate of responses. It further identifies questions which respondents were supposed to answer but did not and thus deciding on their fate (Nana, 2015). In the context of this study, there was no problem with missing values as compulsory entry was set for all the variables in Epi Data.

Missing values rate is calculated using the following formula:

$$\begin{aligned} MV &= (\text{Number of missing responses} / \text{Total number of expected responses}) * 100 \\ &= (\text{Number of missing responses} / \text{Number of variables} * \text{Sample size}) * 100 \end{aligned}$$

(Nana, 2015).

Reliability Analysis

Generally, participants' responses are expected to follow a consistent pattern. For instance, if someone is asked if he has eaten very well and he said yes, he is generally expected to say no when asked to be hungry or not. "Cronbach's Alpha Reliability coefficient" enables us to ascertain whether the internal consistency of the responses was satisfactory to an acceptable level. For this assumption to be accepted, Alpha should not be less than 0.5. Cronbach's Alpha as many other statistical tests focuses on variability which is the deviation from the general trend. The strength of this test resides in the fact that it combines variability of individual items and composite scale scores (Nana, 2015). A conceptual formula for Cronbach's Alpha is as follow:

$$\alpha = \frac{k}{k-1} \left[1 - \frac{\sum \text{Items variances}}{\text{Scale variance}} \right]$$

Where α = Cronbach's Alpha

K= number of items

The normal range of the values for the "coefficient alpha is between 0.00 and +1; the higher the value", the better the internal consistency. Low Alpha values in the context where indicators or variables are conceptually or logically interrelated indicate that either respondents were not serious, or they did not understand the instrument. However, the interpretation of reliability coefficient should be first conceptual whereby one should screen through the concepts under study to make sure that they are interrelated and so far, liable to a satisfactory internal consistency coefficient. Where items are not necessarily interconnected or enjoy a certain level of conceptual independence from each other, low Alpha should be considered as problematic. But in the context of this study, the conceptual components and their respective indicators are conceptually and logically related to each other to a satisfactory extent (Nana, 2015).

Reliability analysis

Table 3: Reliability analysis

Conceptual components	Cronbach's Alpha	Variance	N _{cases}	N _{items}
Attitude towards condom use	0.912	0.042	454	39
Referent group norms of condom use	0.895	0.100	454	10
Condom self-efficacy	0.906	0.046	454	32
Intention of sexual behaviour	0.864	0.007	454	3
Pan-acculturation	0.910	0.031	454	23
IVM	0.951	0.195	454	107

The internal *consistency assumption* was not violated for any of the conceptual components including the Integrated Value Mapping (IVM) with Cronbach's *Alpha values* ranging from 0.864 to 0.951, were above the suggested threshold of 0.5. Contextualizing the study, with a critical look at the indicators within the various conceptual components indicates that they are conceptually and logically inter-related thus implying that satisfactory Alpha values were expected. The trend of Alpha reliability coefficients in the context of this study responds to the logical expectancy and therefore good for the validity of the data. The variances are relatively low, thus implying that the responses are more likely to be skewed either towards positive or negative perceptions (Nana, 2015).

Data was analysed using descriptive statistics to portray “the distribution of subjects between and within subsets using frequencies and proportions” (Nana, 2015).

Formula to calculate MRS:

For the conceptual component A having X labeled $X_1, X_2, X_3, \dots, X_i$ indicators and the study having a sample size N , using a Likert Scale at three levels L_1, L_2 and L_3 , computing MRS using MRA for each of the Likert Scale level follows the steps described on the table below:

\Conceptual Component A		L1	L2	L3	N
X_1		$n_{L1} X_1$	$n_{L2} X_1$	$n_{L3} X_1$	$N X_1 = n_{L1} X_1 + n_{L2} X_1 + n_{L3} X_1$
X_2					$N X_2$
X_3					$N X_3$
X_4					$N X_4$
X_5					$N X_5$
X_6					$N X_6$
X_7		$n_{L1} X_7$	$n_{L2} X_7$	$n_{L3} X_7$	$N X_7$
Aggregate (MRA)	$n_{\text{responses}}$	$n_{L1} X_1 + \dots + n_{L1} X_7$	$n_{L2} X_1 + \dots + n_{L2} X_7$	$n_{L3} X_1 + \dots + n_{L3} X_7$	$N_{\text{responses}} = \sum (n_{L1} X_1 + \dots + n_{L1} X_7) + (n_{L2} X_1 + \dots + n_{L2} X_7) + (n_{L3} X_1 + \dots + n_{L3} X_7)$
	%	$(n_{\text{responses}L1} / N_{\text{responses}}) * 100.$	$(n_{\text{responses}L2} / N_{\text{responses}}) * 100.$	$(n_{\text{responses}L3} / N_{\text{responses}}) * 100.$	$\% L1 + \% L2 + \% L3 = 100.0 \%$

Formula to calculate proportion:

$$P (\%) = (n/N) \times 100$$

“Where n is the frequency or the number of count and N the total sample” (Nana, 2015).

Bivariate association

Bivariate associations between independent predictors and outcome variables or between two categorical variables in general was appraised using the Likelihood Ratio Test to be consistent with Logistic Regression Model.

The distribution of young migrants’ perceptions for the various conceptual components across the categories of the background indicators was done using the cross-tabulation test associated with Multiple-Responses-Analysis. This counting approach does not have any internal bias as stemming from mathematical computation noises. It counts exactly the number of responses and distributes them to the respective categories and

organize the output in a cross tabulation but does not attach any test of significance to it. We now have to calculate for dependency ourselves using the information from the already existing table and generally the test made available in such situation is the Chi-Square or Fisher Exact test. To be consistent in the context of this study, Chi-Square test was used because some tables had degree of freedom (d.f.) above one and the data assumption was not violated, that is having cell in the contingency table with frequency less than 5 for the optimal requirement. Chi-Square statistics were computed with the support of Epi Info 6.04d (CDC, 2001).

Test of hypotheses

The hypotheses were tested using the Binary Logistic Regression model given that the two outcome or dependent variables were dichotomous. For the variable Pan-African acculturation, a composite variable was generated aggregating the score after the categories have been rank ordered from not acculturated to highly acculturated and given orderly numerical values. The composite variable was “transformed into a dichotomous variable” with categories “Low acculturation and High acculturation” and this variable could now be used as outcome variable in Binary Logistic Regression model (Nana, 2015).

The explanatory power of individual conceptual component was calculated, and the independent influence of individual “indicators was also appraised using the Likelihood Ratio test” while Wald statistics was computed for the effect level of predictive indicators controlled for each other (Tlu, 2009). Wald generates several statistics but three are of interest for us in this study. That is: (i) The Beta (B) value which sign indicates the orientation of the relationship; the positive sign indicates a positive correlation or association whereby the score of the dependent variable increases when that of the independent variable increases while the negative sign indicates that when the score of “the independent variable increases, that of the dependent variable decreases and vice versa”. (i) The Wald value whereby the higher the value the more the contribution or the effect of the predictive

indicator on the *dependent* or outcome *variable*. (iii) This asymptotic significant (P-Value); when this value is less than the Alpha set (0.05 at the 95% CL in the context of this study), the influence or contribution of the predictive indicator is perceived to be obvious. By controlling indicators for each other in the relationship, Wald minimizes the effect of confounders (Nana, 2015).

The Ordinary Least Squares (OLS) estimation in multiple regressions is to obtain coefficient estimates and that which is usually suitable of the model to the data, but when confounders are involved, OLS no longer apply with the same efficiency. Logistic Regression uses maximum likelihood estimation to fit the model. It is one of the suitable alternative models when dealing with multiple categorical predictors in each outcome variable that preferably should be categorical as well (Nana, 2015).

Maximum likelihood produces β values that maximize the likelihood function (LF). This is represented below in equation form as;

$$LF = \pi(P_i^{y_i} * (1-P_i)^{1-y_i}) \dots\dots\dots (3.3)$$

Where:
 y_i is the observed value of y each case i , P_i is the “predicted probability of case i ” while π symbol “is the multiplicative equivalent” of “the summation sign (Σ)” which multiplies the values for each case. To avoid the challenges associated with multiplying probabilities, the likelihood functions (LF) can be transformed into logged likelihood function (LLF). Thus, the smaller the LLF compared to a base line model with only the constant in the equation, the better the result of the fit equation, the better the variability explained and the more significant the Omnibus Test of Model Coefficient. In a nutshell, a” chi-square test between” base line model and LLF is to assess the significance of the difference between the estimated and the baseline models and the significance of the variability explained which is depicted by the Omnibus Test of Mode Coefficient (Nana, 2015).

The Pseudo R-squared is like the adjusted R-squared in the traditional OLS analysis. The Pseudo R² used to measure the reduction between the baseline and estimated models is also an estimate of the Predictive Power/Explanatory Power of the model.

All statistics were discussed at the 0.05 significant level ($\alpha=0.05$). signifying that when “the P-value is less than Alpha”, there will be a significant difference, a significant dependence/association/relationship, or a significant” variability explained (Nana, 2015).

Findings were summarized in tables and charts.

All the formulas presented here are inspired from SPSS except that of the MRA which is from Nana (2015).

Missing Values Analysis

No missing value was recorded.

4.7. Ethical Considerations

“Ethics are a set of moral principles that are widely accepted and offer rules and behavioural expectations about the most correct conduct towards experimental subjects and respondent, employers, researchers... (De Vos, et al. 2002, p. 63)”.

De Vos, *et al.*, (2002) identifies harm to subjects, informed consent, and deception of subjects, confidentiality and publication of research findings as key ethical considerations which the researcher considered. This study was based on oriented human subject research that is systematic in its investigation. It involved the use of human subjects in any capacity. Hence, the researcher integrated both the gathering and analysing of data as response to the specific research questions. Congruently, human subjects were important to the performance of research anticipated to improve human health. Therefore, in this study the relationship between researcher and participants (human subjects) was based on the principles of honesty, trust, and respect.

An ethical review form ascribed by the Department of Social Development in the University of Cape Town was completed and reviewed by its committee members. In accordance with its policy and human subject protection, an ethical clearance was granted for this study.

Risk and Benefits: The presumed risk of this study involved emotional and psychological outburst. Regarding the sensitive nature of the topic, participants unveiled information they had buried and developed temporary coping mechanism. In such instances, the researcher referred participants to her supervisor who is a trained social worker to help the client. This informed and influence on-going efforts to effectively target and support young migrants in Johannesburg and Limpopo through the identification of the main barriers and challenges that affected them in their ability in making preventive sexual health behavioural choices from an informed perspective (Tantoh, 2014).

Informed Consent: This is when the participants give the researcher permission acknowledging their willingness to partake in the said project (Punch, 2005). The researcher's first contact with the respondents was to avail all information verbally pertaining to the study, its purpose, main objectives as well as its possible potential. This enabled the respondents to make informed decisions concerning their involvement in the study. A consent form was developed by the researcher and was signed by each participant. On the consent form a space was created for thumb print to accommodate those respondents who were unable to write. However, no participant in this study was recorded under the thomb print category. This form enabled participants to either agree to or disagree to their involvement in the study (see appendix B).

Voluntary participation: According to Burton (200), participation in research should be freely done and researchers should not use any means to force respondents into participating. All those who participated in this research did so freely and non was forced to partake.

Participants therefore after been informed, understood the voluntary nature of the research prior to their participation. Thus, neither was anyone coerced into nor received rewards to enhance participation in the study.

Privacy, anonymity and confidentiality: Babbie (1995), indicated that the necessity of *privacy, anonymity and confidentiality* is maintained when “a respondent maybe considered anonymous, when the researcher cannot identify a given response with a given respondent” (p. 50). The real names of respondents were not used, the researcher replaced them with numerical codes to guarantee anonymity. The researcher informed the respondents of anonymity prior to their commencement and also notified participants prior to every session that every information shared will remain strictly confidential. This assisted participants to answer questions honestly. Furthermore, it encouraged respondents to freely respond to associated questions knowing that it will not be used against them and that their identities would remain protected.

Deceiving participants: The research was conducted from a level ground as participants were all informed of the study’s objectives, aim and purpose. There was honesty as none was lured into the study by the researcher through unethical means. Thus, respondents did not withhold information pertaining to the enhancement of the research (Shishane, 2016; De Vos, et al., 2011; Tarkang, 2009; & Tlu, 2009).

4.8. Limitations of the study

The anticipated limitation projected here, reflected on the research methodology. According to Burns and Grove (2005), limitations are constraints that may decrease the generalisability of findings in a study. This study was limited to three provinces consisting of 500 participants. Findings however cannot be generalized to the entire migrant population nationally. Conversely, it could be used for policy and programme intervention to enhance preventive health choices amongst this population.

Taking into consideration the sensitive nature of the research topic, some respondents may be imprecise to their responses and might change behaviours accordingly. Polit and Beck (2004) aligning with Burns and Grove (2004) termed the above behavioural change the Hawthorne effect and further affirmed that this psychological response has no bearing on the research instrument and the effect is difficult to control.

The gender of the researcher (female) is an anticipated concern which may affect the responses of the male respondents, considering the sensitive nature of the topic.

CHAPTER FIVE

DATA ANALYSIS AND PRESENTATION OF FINDINGS

5.1. Introduction

In this chapter, information gathered from the field influenced the construction of data analysis and breakdown of the research findings. This was ascertained through the underpinnings of Babbie (2005). According to Babbie, when analysing using the quantitative approach, researchers should translate data to a numerical form subjecting it to statistical analysis (2005, pg.97). In this study data processing and analysis were enacted through the translation of data from questionnaires to numerical representation and examined statistically.

Congruently, chapter five was structured into five sections. Analysis done on all sections systematically followed the various research questions. Section one deals with the chapter introduction. Section two of this paper describes the method of data analysis. Part three is concerned with appraising internal consistency of responses which is a major indicator of reliability. The fourth section describes participants and the last segment involves analysis based on prescribed objectives and hypotheses. The questions asked correlated to their related hypotheses (see chapter one) formulated to appraise the applicability of the Theory of Planned Behaviour (TPB) to the condom use intentions and behaviour of migrant youth in South Africa. They are as follows:

- Research question one: What is the nature and extent of condom use among youth migrants in South Africa?
- Research question two: Can attitudes, subjective norms, and perceived behavioural control (self-efficacy) predict the male condom use intentions of youth migrants in South Africa?

- Research question three: What is the applicability of the theory of acculturation among youth migrants with respect to attitude, subjective norms, perceived behavioural control and intention?
- Research question four: What socio-cultural factors determine the use of condom by youth migrants during sexual intercourse?
- Research question five: What is the applicability of the Theory of Planned behaviour to condom use intentions and behaviour among youth migrants with respect to sexual activities of youth migrants?

5.2 Methods of data processing and analysis

5.3 Description of participants

In this study; the data base that was validated following exploratory statistics was made of 454 participants. Given that a sample size of 500 participants was probabilistically estimated, this makes a return rate of 90.8% which is above the generally recommended threshold of 80%.

Migrants were from 31 different countries, thus justifying a good diversity for the sample.

Table 4: Countries of origin of migrants

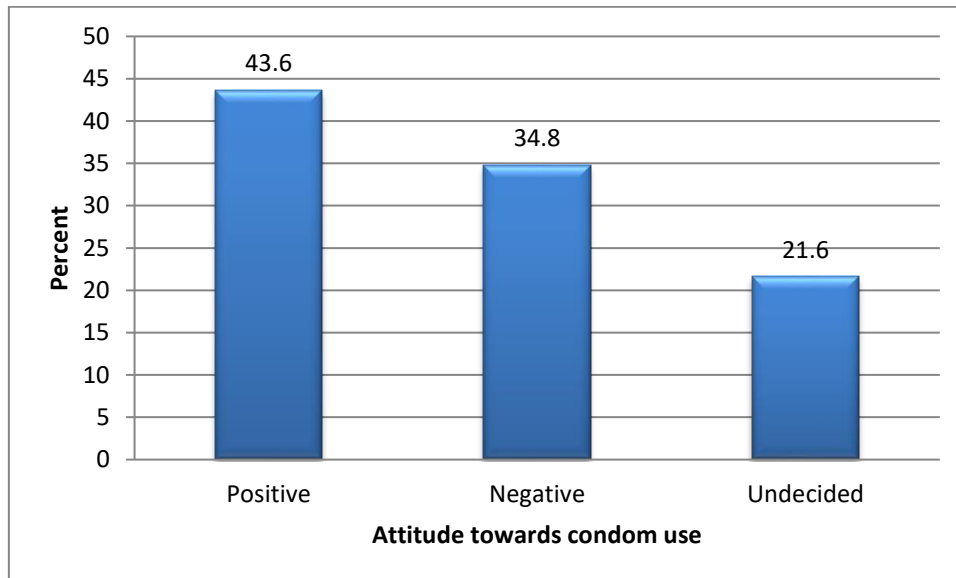
SN	Countries of origin of migrants	Frequency	Percent
1.	Cameroon	78	17.2
2.	Zimbabwe	69	15.2
3.	Nigeria	37	8.1
4.	Malawi	36	7.9
5.	Congo DRC	25	5.5
6.	Swaziland	25	5.5
7.	Ghana	23	5.1
8.	Zambia	20	4.4
9.	Mozambique	18	4.0
10.	Tanzania	15	3.3
11.	Rwanda	13	2.9
12.	Gabon	12	2.6
13.	Kenya	10	2.2
14.	Namibia	10	2.2
15.	Uganda	10	2.2
16.	Burundi	9	2.0
17.	Botswana	5	1.1
18.	Gambia	5	1.1
19.	Somalia	5	1.1
20.	South Sudan	5	1.1
21.	Chad	5	1.1
22.	Ethiopia	3	.7
23.	Lesotho	3	.7
24.	Senegal	3	.7
25.	Angola	2	.4
26.	Congo Brazzaville	2	.4
27.	Equatorial Guinea	2	.4
28.	Benin	1	.2
29.	Burkina Faso	1	.2
30.	Ivory coast	1	.2
31.	Liberia	1	.2
Total		454	100.0

5.4 Presentation of findings based on specific research questions and hypotheses

5.4.1 Research question one: What is the nature and extent of condom use among youth migrants in South Africa?

5.4.1.1 Migrants' attitude towards condom use

Figure 10: Migrants' attitude towards condom use



The overall perception of migrants' attitude towards condom use was computed using Multiple-Responses-Analysis aggregating the scores for all the indicators making up the conceptual component 'migrants' attitude towards condoms use'. The findings showed that less than half of migrants in S.A. had a positive attitude towards the use of condoms, with a weight of 43.6%.

For those that had a negative perception towards the use of condom, they mostly perceived that condoms are too much trouble with proportion of 62.1% (282), followed by the belief that condoms are unreliable 57.7% (262), the perception "*that women think men who use condoms are foolish and ill-mannered*" 53.5% (243), *that most women don't like for their partners to use condoms*" 50.7% (230).

Those migrants that had positive attitude towards condoms mostly acknowledged to the fact that condoms are pleasant to use with proportion of 54.4% (247) and "*that the use*

of a condom adds to the excitement of foreplay if the female partner helps the male put it in place” 53.5% (243).

Table 5: Migrants’ attitude towards condom use

Items	Stretched					Collapsed	
	Strongly disagree	Some what disagree	Neither disagree or agree	Some what agree	Strongly agree	Agree	Disagree
<i>“In my opinion, condoms are too much trouble”</i>	45.4% (206)	16.7% (76)	13.2% (60)	9.5% (43)	15.2% (69)	62.1 (282)	24.7% (112)
<i>“Condoms are unreliable”</i>	22.5 (102)	35.2% (160)	13.9% (63)	15.6% (71)	12.8% (58)	57.7% (262)	28.4 (129)
<i>“Condoms are pleasant to use”</i>	21.1% (96)	33.3% (151)	16.5% (75)	14.3% (65)	14.8% (67)	54.4% (247)	29.1% (132)
<i>“The neatness of condom, for example, no wet spot on the bed, makes them attractive.”</i>	16.3% (74)	31.3% (142)	25.8% (117)	13.4% (61)	13.2% (60)	47.6% (216)	26.7% (121)
<i>“I see the use of a condom as adding to the excitement of foreplay if the female partner helps the male put it in place”</i>	21.6% (98)	31.9% (145)	20.5% (93)	15.0% (68)	11.0% (50)	53.5% (243)	26.0% (118)
<i>“I would be willing to try a condom, even if I have never used one before”.</i>	15.2% (69)	24.4% (111)	20.3% (92)	20.5% (93)	19.6% (89)	39.6% (180)	40.1% (182)
<i>“There is no reason why a woman should be embarrassed to suggest a condom”</i>	27.5% (125)	18.1% (82)	17.8% (81)	11.2% (51)	25.3% (115)	45.6% (207)	36.6% (166)

Items	Stretched					Collapsed	
	Strongly disagree	Some what disagree	Neither disagree or agree	Some what agree	Strongly agree	Agree	Disagree
<i>“Women think men who use condoms show concern and caring”</i>	15.0% (68)	31.7% (144)	18.7% (85)	19.4% (88)	15.2% (69)	46.7% (212)	34.6% (157)
<i>“I intend to try condoms”</i>	13.0% (59)	25.8% (117)	23.1% (105)	14.3% (65)	23.8% (108)	38.8% (176)	38.1% (173)
<i>“I think proper use of a condom can enhance sexual pleasures”</i>	18.7% (85)	27.3% (124)	23.8% (108)	19.4% (88)	10.8% (49)	46.0% (209)	30.2% (137)
<i>“Many people make use of the condom as an erotic part of foreplay”</i>	17.6% (80)	26.7% (121)	30.6% (139)	13.4% (61)	11.7% (53)	44.3% (201)	25.1% (114)
<i>“All things considered, condoms seem safer to me than any other form of contraception except abstinence”</i>	16.1% (73)	21.4% (97)	22.9% (104)	18.5% (84)	21.1% (96)	37.4% (170)	39.6% (180)
<i>“I just don’t like the idea of using condoms”</i>	26.4% (120)	22.2% (101)	21.8% (99)	19.2% (87)	10.4% (47)	48.7% (221)	29.5% (134)
<i>“I think condoms look ridiculous”</i>	24.2% (110)	20.9% (95)	23.3% (106)	19.2% (87)	12.3% (56)	45.2% (205)	31.5% (143)
<i>“Condoms are inconvenient”</i>	21.1% (96)	20.5% (93)	20.9% (95)	21.4% (97)	16.1% (73)	41.6% (189)	37.4% (170)
<i>“I see no reason to be embarrassed by the use of condoms”</i>	13.9% (63)	21.1% (96)	18.7% (85)	22.9% (104)	23.3% (106)	35.0% (159)	46.3% (210)

Items	Stretched					Collapsed	
	Strongly disagree	Some what disagree	Neither disagree or agree	Some what agree	Strongly agree	Agree	Disagree
<i>“Condoms are uncomfortable”</i>	13.9% (63)	23.1% (105)	24.9% (113)	23.6% (107)	14.5% (66)	37.0% (168)	38.1% (173)
<i>“Using a condom makes sex unenjoyable”</i>	15.4% (70)	24.0% (109)	22.0% (100)	18.9% (82)	20.5% (93)	39.4% (179)	38.5% (175)
<i>“I would avoid using condoms if at all possible”</i>	21.6% (98)	24.7% (112)	20.5% (93)	16.3% (74)	17.0% (77)	46.3% (210)	33.3% (151)
<i>“I would be comfortable suggesting that my partner and I use a condom”</i>	31.3% (142)	15.4% (70)	13.9% (63)	16.5% (75)	22.9% (104)	46.7% (212)	39.4% (179)
<i>“Condoms ruin the sex act”</i>	17.0% (77)	30.6% (139)	21.1% (96)	19.8% (90)	11.5% (52)	47.6% (216)	31.3% (142)
<i>“Condoms are uncomfortable for both partners”</i>	15.2% (69)	27.3% (124)	20.7% (94)	22.0% (100)	14.8% (67)	42.5% (193)	36.8% (167)
<i>“Women think men who use condoms are foolish and ill mannered”</i>	22.5% (102)	31.1% (141)	19.6% (89)	17.4% (79)	9.5% (47)	53.5% (243)	26.9% (122)
<i>“The idea of using a condom doesn't appeal to me”</i>	23.1% (105)	25.3% (115)	22.7% (103)	15.6% (71)	13.2% (60)	48.5% (220)	28.9% (131)
<i>“Use of the condom is an interruption of foreplay”</i>	19.8% (90)	18.5% (84)	27.5% (125)	21.6% (98)	12.6% (57)	38.3% (174)	34.1% (155)
<i>“What to do with a condom after use is a real problem”</i>	23.1% (105)	20.7% (94)	25.1% (114)	16.7% (78)	14.3% (65)	43.8% (199)	31.1% (141)

Items	Stretched					Collapsed	
	Strongly disagree	Some what disagree	Neither disagree or agree	Some what agree	Strongly agree	Agree	Disagree
<i>“The thought of using a condom is disgusting”</i>	22.9% (104)	22.7% (103)	22.0% (100)	17.8% (81)	14.5% (66)	45.6% (207)	32.4% (147)
<i>“Having to stop to put on a condom takes all the romance out of sex”</i>	19.2% (87)	18.1% (82)	22.5% (102)	24.4% (111)	15.9% (72)	37.2% (169)	40.3% (183)
<i>“Most women don't like for their partners to use condoms”</i>	28.0% (127)	22.7% (103)	20.7% (94)	14.5% (66)	14.1% (64)	50.7% (230)	28.6% (130)
<i>“I don't think condoms interfere with the enjoyment of sex”</i>	22.2% (101)	29.7% (135)	16.5% (75)	17.6% (80)	13.9% (63)	52.0% (236)	31.5% (143)
<i>“There is no way that using a condom can be pleasant”</i>	15.4% (70)	26.2% (119)	30.4% (138)	15.0% (68)	13.0% (59)	41.6% (189)	28.0% (127)
<i>“Using a condom requires taking time out of foreplay, which interrupts the pleasure of sex”</i>	14.1% (64)	24.4% (111)	23.1% (105)	24.9% (113)	13.4% (61)	38.5% (175)	38.3% (174)
<i>“I think condoms are an excellent means of contraception”</i>	11.9% (54)	24.4% (111)	24.4% (111)	19.6% (89)	19.6% (89)	36.3% (165)	39.2% (178)
<i>“Condoms seem unreliable”</i>	15.6% (71)	25.3% (115)	23.8% (108)	20.3% (92)	15.0% (68)	41.0% (186)	35.2% (160)

Items	Stretched					Collapsed	
	Strongly disagree	Some what disagree	Neither disagree or agree	Some what agree	Strongly agree	Agree	Disagree
<i>“There is no reason why a man should be embarrassed to suggest using a condom”</i>	14.8% (67)	19.8% (90)	22.0% (100)	20.7% (94)	22.7% (103)	34.6% (157)	43.4% (197)
<i>“To most women, a man who uses a condom is sexier than one who leaves protection up to the woman”</i>	14.8% (67)	23.8% (108)	24.0% (109)	22.7% (103)	14.8% (67)	38.5% (175)	37.4% (170)
<i>“The condom is a highly satisfactory form of contraception”</i>	13.7% (62)	22.2% (101)	24.2% (110)	22.5% (102)	17.4% (79)	35.9% (163)	39.9% (181)
<i>“I would have no objection if my partner suggested that we use a condom”</i>	12.3% (56)	22.9% (104)	17.8% (81)	23.8% (108)	23.1% (105)	35.2% (160)	46.9% (213)
<i>“The skilful woman can make placing a condom a highly erotic experience”</i>	17.0% (77)	20.5% (93)	20.9% (95)	23.1% (105)	18.5% (84)	37.4% (170)	41.6% (189)
MRS	15.8% (2789)	21.7% (3835)	21.6% (3825)	21.3% (3765)	19.7% (3492)	43.6% (7716)	34.8% (6165)

Table 6: Association between socio-demographic indicators and migrants' attitude

Background indicator	Categories	Attitude towards condom use			nresponses	χ^2 -test
		Positive	undecided	Negative		
Highest level of school attained	No schooling and primary	42.3% (1072)	20.4% (516)	37.4% (947)	2535	$\chi^2=12.25$ P=0.002
	Secondary and high school	45.5% (3781)	22.3% (1851)	32.2% (2675)	8307	
	Higher education/Tertiary	41.7% (2863)	21.2% (1458)	37.0% (2543)	6864	
Gender	Male	43.3% (3593)	19.9% (1654)	36.8% (3060)	8307	$\chi^2=0.03$ P=0.865
	Female	43.9% (4123)	23.1% (2171)	33.0% (3105)	9399	
Length of stay	0-5	46.5% (5370)	26.9% (23.4)	34.7% (30.1)	11544	$\chi^2=3.14$ P=0.208
	6-10	37.9% (947)	19.6% (489)	42.5% (1060)	2496	
	11+	38.2% (1399)	17.4% (638)	44.4% (1629)	3666	
Relational status	Married	42.1% (1755)	17.3% (720)	40.7% (1698)	4173	$\chi^2=7.42$ P=0.024
	Single, dating and engaged	39.5% (3882)	22.6% (2218)	37.9% (3728)	9828	
	Separated, divorced and widowed	56.1% (2079)	23.9% (887)	19.9% (739)	3705	
Age	18-25	41.8% (1550)	21.5% (796)	36.7% (1359)	3705	$\chi^2=3.16$ P=0.075
	26-35	44.0% (6166)	21.6% (3029)	34.3% (4806)	14001	

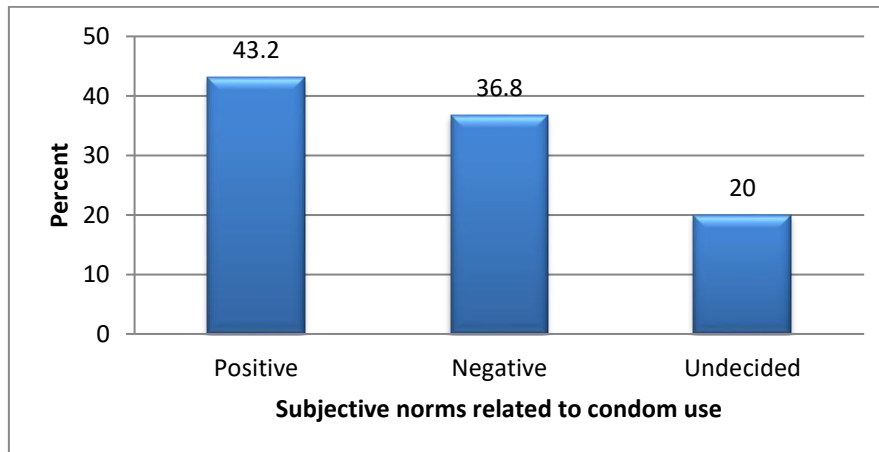
Migrants' attitude towards condom use was significantly dependent of level of school attainment whereby those that had attained higher education were the least positive with weight of 41.7%.

Migrants' attitude towards condom was also dependent of relational status whereby the separated, divorced and widowed were the most positive with weight of 56.1%, followed by the married while the single, dating and engaged were the least positive.

Those who had stayed the least were the most positive with the highest weight of 46.5% as compared to 37.9% and 38.2% for those that had stayed 6-10 years and 11 years and above though this difference was not significant.

5.4.1.2 Subjective norms

Figure 11: Migrants’ subjective norms towards condom use



The overall perception of migrants’ attitude towards condom use based on subjective norms was computed using Multiple-Responses-Analysis aggregating the scores for all the indicators making up the conceptual component ‘subjective norms associated with condom use’. The findings showed that less than half of migrants in S.A. had a positive attitude towards the use of condoms based on subjective norms, with a weight of 43.2%.

Among those with positive view, they mostly acknowledged that *their “friends would think that using a condom in their next sexual encounter is a good thing to do”* with proportion of 48.2% (219), then those who perceived that their parents and family would think that using a condom in their next sexual encounter is a good thing to do 45.6% (207), the belief that many people from the church (pastor and congregation mates) “*would think that using a condom in the next sexual encounter is a good thing to do*” 45.5% (193); for the top three indicators.

Table 7: Migrants' characterization of subjective norms associated with condom use

Items	Stretched					Collapsed	
	Strongly disagree	Somewhat disagree	Undecided	Somewhat agree	Strongly agree	Agree	Disagree
<i>"Most people who are important to me would think it is important to use a condom in my next sexual encounter"</i>	30.8% (140)	14.5% (66)	13.7% (62)	18.1% (82)	22.9% (104)	45.4% (206)	41.0% (186)
<i>"Most people who are important to me think that condom use is desirable"</i>	14.3% (65)	26.7% (121)	18.3% (83)	26.9% (122)	13.9% (63)	41.0% (186)	40.7% (185)
<i>"Most others who are important to me think that I should use a condom in my next sexual encounter"</i>	18.9% (86)	19.8% (90)	24.2% (110)	20.3% (92)	16.7% (76)	38.8% (176)	37.0% (168)
<i>"Thinking of my friends and peers. I think they would think that using a condom in my next sexual encounter is a good thing to do"</i>	30.4% (138)	17.8% (81)	13.2% (60)	17.8% (81)	20.7% (94)	48.2% (219)	38.5% (175)
<i>"Thinking of my parents, family. I think that they would think that using a condom in my next sexual encounter is a good thing to do"</i>	16.1% (73)	29.5% (134)	19.4% (88)	20.5% (93)	14.5% (66)	45.6% (207)	35.0% (159)
<i>"Many people from my church (pastor and congregation mates) would think that using a condom in my next sexual encounter is a good thing to do"</i>	17.0% (77)	25.6% (116)	29.7% (135)	17.4% (79)	10.4% (47)	45.5% (193)	27.8% (126)
<i>"Many of my friends would use a condom in their sexual encounter"</i>	17.8% (81)	23.8% (108)	18.5% (84)	27.3% (124)	12.6% (57)	41.6% (189)	39.9% (181)
<i>"Thinking of my friends and peers. I think many of them would use a condom in their sexual encounter"</i>	17.8% (81)	25.6% (116)	22.2% (101)	20.9% (95)	13.4% (61)	43.4% (197)	34.4% (156)
<i>"My attitudes and beliefs, are similar to that of my friends and peers"</i>	17.4% (79)	24.0% (109)	20.0% (91)	25.8% (117)	12.8% (58)	41.4% (188)	38.5% (175)
<i>"Thinking of who I am. Being a member of my group of friends and peers and having their approval is very important to me"</i>	21.4% (97)	23.1% (105)	20.3% (92)	20.0% (91)	15.2% (69)	44.5% (202)	20.3% (160)
MRS	20.2% (917)	23.0% (1046)	20.0% (906)	21.5% (976)	15.3% (695)	43.2% (1963)	36.8% (1671)

Table 8: Association between socio-demographic indicators and subjective norms

Background indicator	Categories	Subjective norms associated with condom use			n _{responses}	Likelihood Ratio
		Positive	undecided	Negative		
Highest level of school attained	No schooling and primary	46.3% (301)	19.4% (126)	34.3% (223)	650	$\chi^2=2.64$ P=0.267
	Secondary and high school	46.2% (984)	19.6% (417)	34.2% (729)	2130	
	Higher education/Tertiary	38.5% (678)	20.6% (363)	40.9% (719)	1760	
Gender	Male	43.0% (915)	17.8% (380)	39.2% (835)	2130	$\chi^2=0.01$ P=0.936
	Female	43.5% (1048)	21.8% (526)	34.7% (836)	2410	
Length of stay	0-5	48.0% (1421)	21.2% (627)	30.8% (912)	2960	$\chi^2=8.07$ P=0.018
	6-10	33.4% (214)	17.8% (114)	48.8% (312)	640	
	11+	34.9% (328)	17.6% (165)	47.6% (447)	940	
Relational status	Married	38.8% (415)	20.1% (215)	41.1% (440)	1070	$\chi^2=13.49$ P=0.001
	Single, dating and engaged	38.9% (980)	18.5% (466)	42.6% (157)	2520	
	Separated, divorced and widowed	59.8% (568)	23.7% (225)	16.5% (157)	950	
Age	18-25	42.3% (402)	18.9% (180)	38.7% (368)	950	$\chi^2=0.00$ P=0.959
	26-35	43.5% (1561)	20.2% (726)	36.3% (1303)	3590	

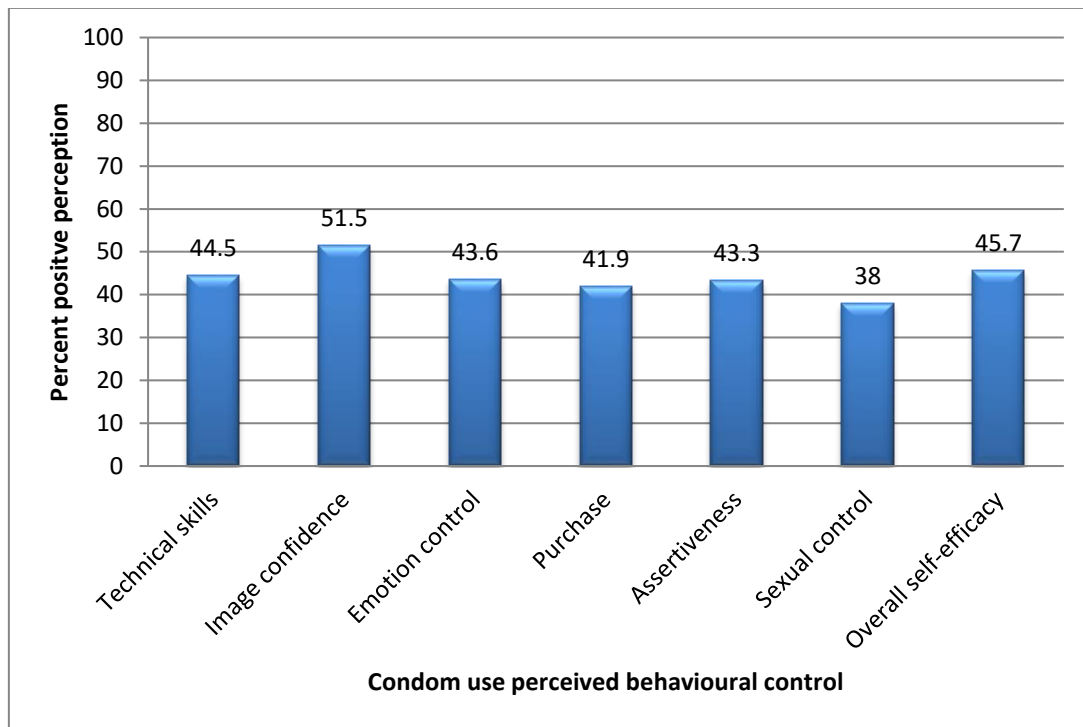
Migrants' subjective norms towards condom were significantly dependent of length of stay whereby those that had stayed the least (0-5 years) were the most positive with weight of 48.0%.

It was also dependent of relational status whereby the separated, divorced and widowed were the most positive with weight of 59.8%.

Those who had stayed the least were the most positive with the highest weight of 48.0% as compared to 33.4% and 34.9% for those that had stayed 6-10 years and 11 years and above though this difference was not significant.

5.4.1.3 Perceived behavioural control / Self-efficacy

Figure 12: Migrants' perceived behavioural control towards condom use



Youth migrants' self-efficacy with respect to condom use was weak, as perceptions with positive views weight only 45.7%.

They were mostly positive with their image confidence (51.5%), followed by technical skills (44.5%), emotional control (43.6%), assertiveness (43.3%), purchase (41.9%), then sexual control, being the least (38.0%).

Table 9: South-Africa Republic migrants' perceived behavioural control with respect to condom use (condom self-efficacy)

Items	Stretched					Collapsed	
	Strongly disagree	Somewhat disagree	Undecided	Somewhat agree	Strongly agree	Agree	Disagree
Factor 1: Technical skills							
<i>"I feel confident in my ability to put on a condom to myself or my partner"</i>	31.9% (145)	16.5% (75)	17.2% (78)	17.6% (80)	16.7% (76)	48.5% (220)	34.4% (156)
<i>"I would be capable of using a condom efficiently"</i>	12.1% (55)	27.8% (126)	22.7% (103)	17.8% (81)	19.6% (89)	39.9% (181)	37.4% (170)
<i>"I think I would be able to remove a condom easily"</i>	18.3% (83)	20.3% (92)	18.7% (85)	24.9% (113)	17.8% (81)	38.5% (175)	42.7% (194)
<i>"Putting on a condom would make me feel uncomfortable"</i>	37.0% (168)	20.3% (92)	17.2% (78)	16.1% (73)	9.5% (43)	57.3% (260)	25.6% (116)
<i>"I think I am able to put on a condom quickly"</i>	15.4% (70)	31.1% (141)	18.7% (85)	19.2% (87)	15.6% (71)	46.5% (211)	34.8% (158)
<i>"I would be able to get condoms out of a condom machine in a pub or dance without any problem"</i>	18.9% (86)	25.6% (116)	26.7% (121)	17.2% (78)	11.7% (23)	44.5% (202)	28.9% (131)
Factor 2: Image confidence							
<i>"I would not dare to propose condom use to a new partner because this might suggest my partner has an STD"</i>	30.2% (137)	21.8% (99)	18.5% (84)	20.9% (95)	8.6% (39)	52.0% (236)	29.5% (134)
<i>"I would not dare to propose condom use to a new partner because this might suggest I have an STD"</i>	26.9% (122)	24.0% (109)	27.9% (123)	14.3% (65)	7.7% (35)	59.9% (231)	22.0% (100)
<i>"I would not dare to propose condom use because this might suggest I have slept with several partners"</i>	24.7% (112)	24.9% (113)	22.7% (103)	15.6% (71)	12.1% (55)	49.6% (225)	27.8% (126)
<i>"I think I could propose condom use without causing my partner to feel as if he or she were ill"</i>	14.5% (66)	25.8% (117)	20.7% (94)	22.0% (100)	17.0% (77)	40.3% (183)	39.0% (177)

Items	Stretched					Collapsed	
	Strongly disagree	Somewhat disagree	Undecided	Somewhat agree	Strongly agree	Agree	Disagree
<i>“If I were to propose condom use, I would be afraid to be rejected”</i>	21.6% (98)	26.0% (118)	26.0% (118)	16.3% (74)	10.1% (46)	47.6% (216)	26.4% (120)
<i>“I would not dare to propose condom use to a new partner because this might suggest homosexual experiences”</i>	26.7% (121)	24.9% (131)	18.9% (86)	18.3% (83)	11.2% (51)	51.5% (234)	29.5% (134)
Factor 3: Emotion control							
<i>“None of us has got a condom, so we would have to buy one. In that case I think I would have sex without a condom”</i>	24.7% (112)	22.0% (100)	24.0% (109)	17.4% (79)	11.9% (54)	46.7% (212)	29.3% (133)
<i>“If I would have sex unexpectedly I would forget to use a condom”</i>	34.8% (158)	17.6% (88)	11.0% (50)	23.1% (105)	13.4% (61)	52.4% (238)	36.6% (166)
<i>“If I would be drunk a little, I would not be able to stop making love to put on a condom first”</i>	16.3% (74)	41.0% (186)	14.1% (64)	17.8% (81)	10.8% (49)	57.3% (260)	28.6% (130)
<i>“Even if I would be very much in love, I would think of using a condom when I have sex with my partner for the first time”</i>	14.1% (64)	26.2% (119)	18.3% (83)	23.3% (106)	18.1% (82)	40.3% (183)	41.4% (188)
<i>“If I would have sex with my partner for the first time, I would hardly be able to wait until the condom has been put on”</i>	21.4% (94)	22.2% (102)	20.5% (93)	22.9% (104)	13.0% (59)	43.6% (198)	35.9% (163)
Factor 4: Purchase							
<i>“I can get condoms whenever I want without difficulty”</i>	30.2% (137)	20.9% (95)	15.2% (69)	14.3% (65)	19.4% (88)	51.1% (232)	33.7% (153)
<i>“I wouldn’t mind buying condoms in a department store”</i>	18.7% (85)	31.9% (145)	18.3% (83)	17.0% (77)	14.1% (64)	50.7% (230)	31.1% (141)
<i>“I would feel uncomfortable if I’d carry condoms with me”</i>	16.5% (75)	27.8% (126)	22.9% (104)	20.9% (95)	11.9% (54)	44.3% (201)	32.8% (149)

Items	Stretched					Collapsed	
	Strongly disagree	Somewhat disagree	Undecided	Somewhat agree	Strongly agree	Agree	Disagree
<i>"I find purchasing condoms at a pharmacist embarrassing"</i>	20.9% (65)	26.2% (119)	21.1% (96)	19.6% (89)	12.1% (55)	47.1% (214)	31.7% (144)
<i>"I dare to get condoms out of a condom machine in a pub or dance without any problem"</i>	20.7% (94)	21.1% (96)	27.8% (126)	17.8% (81)	12.6% (57)	41.9% (190)	30.4% (138)
Factor 5: Assertiveness							
<i>"I feel able to convince my partner to use a condom when we have sex together"</i>	18.9% (86)	21.1% (96)	17.4% (79)	19.2% (87)	23.3% (106)	40.1% (182)	42.5% (193)
<i>"If my partner wouldn't want to use a condom, I could easily convince him/her of its necessity"</i>	14.8% (67)	25.6% (116)	22.9% (104)	20.0% (91)	16.7% (76)	40.3% (183)	36.8% (167)
<i>"I would not propose using a condom if I didn't know how my partner feels about condom use"</i>	24.4% (111)	23.3% (106)	23.3% (106)	18.9% (86)	9.9% (45)	47.8% (217)	28.9% (131)
<i>"None of us has got a condom, so we would have to buy one. In that case I think I would have sex without a condom"</i>	30.0% (136)	23.1% (105)	19.6% (89)	17.4% (79)	9.9% (45)	53.1% (241)	27.3% (124)
<i>"I think I could propose condom use without causing my partner to feel as if he or she were ill"</i>	17.0% (77)	22.0% (100)	17.0% (77)	26.0% (118)	18.1% (82)	39.0% (177)	44.1% (200)
<i>"I see myself as capable of buying condoms at a duty pharmacist during the evening"</i>	30.8% (140)	15.4% (70)	13.9% (63)	18.5% (84)	21.4% (97)	43.3% (210)	39.9% (181)
Factor 6: Sexual control							
<i>"I feel able to use a condom together with my partner without breaking the mood"</i>	14.5% (66)	28.2% (128)	17.0% (77)	27.1% (123)	13.2% (60)	42.7% (194)	40.3% (183)
<i>"I think I could use a condom without lessening sexual excitement"</i>	17.6% (80)	20.0% (91)	20.7% (94)	29.3% (133)	12.3% (56)	37.7% (171)	41.6% (189)

Items	Stretched					Collapsed	
	Strongly disagree	Somewhat disagree	Undecided	Somewhat agree	Strongly agree	Agree	Disagree
<i>“If my partner would carry a condom I would certainly manage to use one”</i>	12.6% (57)	21.8% (99)	22.2% (101)	29.1% (132)	14.3% (65)	33.4% (156)	43.4% (197)
<i>“I feel I am able to integrate putting on a condom into the foreplay”</i>	17.0% (77)	20.5% (93)	23.3% (106)	25.1% (114)	14.1% (64)	37.4% (170)	39.2% (178)
MRS	15.4% (280)	22.6% (411)	20.8% (378)	27.6% (502)	13.5% (245)	38.0% (691)	41.1% (747)
Overall MRS	15.3% (2226)	21.3% (3094)	20.2% (2931)	22.8% (3317)	20.4% (2960)	45.7% (6633)	34.2% (4964)

Table 10: Association between socio-demographic indicators and perceived behavioural control

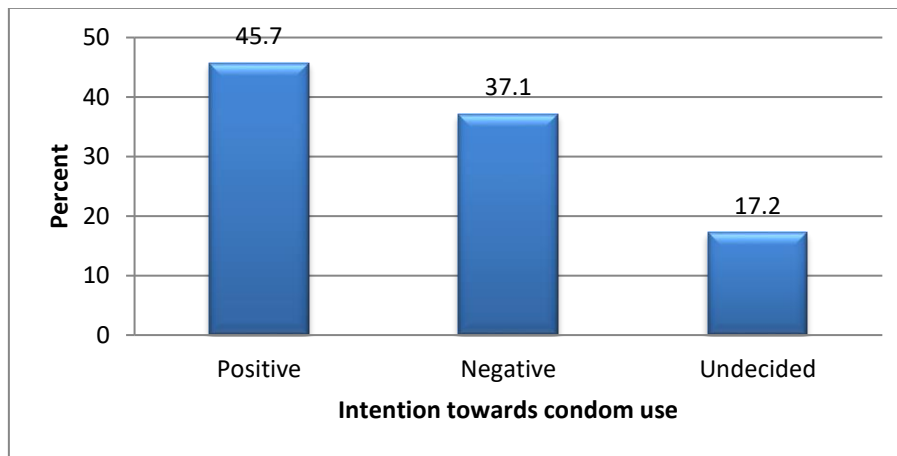
Background indicator	Categories	Perceived behavioural control associated with condom use			n _{responses}	Likelihood Ratio
		Positive	undecided	Negative		
Highest level of school attained	No schooling and primary	39.1% (813)	23.0% (479)	37.9% (788)	2080	$\chi^2=1.52$ P=0.467
	Secondary and high school	47.0% (3204)	20.7% (1412)	32.3% (2200)	6816	
	Higher education/Tertiary	46.4% (2616)	18.5% (1040)	35.1% (1976)	5632	
Gender	Male	44.4% (3025)	18.9% (1287)	36.7% (2504)	6816	$\chi^2=0.24$ P=0.625
	Female	46.8% (3608)	21.3% (1644)	31.9% (2460)	7712	
Length of stay	0-5	49.0% (4645)	21.7% (2057)	29.2% (2770)	9472	$\chi^2=4.03$ P=0.133
	6-10	41.2% (844)	18.8% (386)	39.9% (818)	2048	
	11+	38.0% (1144)	16.2% (488)	45.7% (1376)	3008	
Relational status	Married	42.0% (1438)	20.9% (714)	37.1% (1272)	3424	$\chi^2=13.24$ P=0.001
	Single, dating and engaged	41.0% (3306)	19.8% (1600)	39.2% (3159)	8064	
	Separated, divorced and widowed	62.2% (1890)	20.3% (617)	17.5% (533)	3040	
Age	18-25	42.9% (1304)	19.6% (597)	37.5% (1139)	3040	$\chi^2=0.34$ P=0.559
	26-35	46.4% (5329)	20.3% (2334)	33.3% (3825)	11488	

Migrants' perceived behavioural control towards condom use was significantly dependent of relational status whereby the separated, divorced and widowed were the most positive with weight of 62.2%.

Those who had stayed the least were more positive with the highest weight of 49.0% as compared to 41.2% and 38.0% for those that had stayed 6-10 years and 11 years and above though this difference was not significant.

5.4.1.4 Intention towards condom use

Figure 13: Migrants' intention towards condom use



Considering the aggregated score, less than half of responses tilted towards positive intention with weight of 45.7%.

Considering the most obvious predictor of intention, that is “*If you have sex with a casual partner over the next 2 months, do you intend to use a condom?*”, roughly half of the migrants had positive intention towards condom use with proportion of 50.2% (228).

Table 11: Migrants' characterization of sexual behaviour intention

Items	Stretched					Collapsed	
	Strongly disagree	Somewhat disagree	Undecided	Somewhat agree	Strongly agree	Agree	Disagree
<i>“If you have sex with a casual partner over the next 2 months, do you intend to use a condom?”</i>	31.1% (141)	19.2% (87)	16.5% (75)	17.8% (81)	15.4% (70)	50.2% (228)	33.3% (151)
<i>“If you have sex with a casual partner over the next two months, do you expect to use a condom?”</i>	17.0% (77)	27.1% (123)	16.7% (76)	18.5% (84)	20.7% (94)	44.1% (200)	39.2% (178)
<i>“Is it likely that you will use a condom if you have vaginal and/or anal sex with a casual partner in the next 2 months”</i>	20.0% (91)	22.9% (104)	18.3% (83)	19.4% (88)	19.4% (88)	40.0% (195)	38.8% (176)
MRS	22.7% (309)	23.1% (314)	17.2% (234)	18.6% (253)	18.5% (252)	45.7% (623)	37.1% (505)

Table 12: Association between socio-demographic indicators and intention

Backgrou nd indicator	Categories	Intention towards condom use			nresponses	χ^2 -test
		Positive	undecide d	Negative		
Highest level of school attained	No schooling and primary	49.7% (97)	18.5% (36)	31.8% (62)	195	$\chi^2=5.39$ P=0.067
	Secondary and high school	50.1% (320)	17.4% (111)	32.6% (208)	639	
	Higher education/Te rtiary	39.0% (206)	16.5% (87)	44.5% (235)	528	
Gender	Male	44.3% (283)	16.9% (108)	38.8% (248)	639	$\chi^2=0.35$ P=0.556
	Female	47.0% (340)	17.4% (126)	35.5% (257)	723	
Length of stay	0-5	55.5% (493)	16.8% (149)	27.7% (246)	888	$\chi^2=33.21$ P=0.000
	6-10	25.5% (49)	19.8% (38)	54.7% (105)	192	
	11+	28.7% (81)	16.7% (47)	54.6% (154)	282	
Relational status	Married	35.8% (115)	19.6% (63)	44.5% (143)	321	$\chi^2=32.07$ P=0.000
	Single, dating and engaged	40.3% (305)	17.6% (133)	42.1% (318)	756	
	Separated, divorced and widowed	71.2% (203)	13.3% (38)	15.4% (44)	285	
Age	18-25	46.7% (133)	12.3% (35)	41.1% (117)	285	$\chi^2=0.03$ P=0.874
	26-35	45.5% (490)	18.5% (199)	36.0% (388)	1077	

Migrants' intention towards condom use was dependent of length of stay in S.A. whereby those that had stayed the least were the most positive with weight of 55.5%.

It was also dependent of relational status whereby the married were the least positive with weight of 35.8% and the separated, divorced and widowed the most positive with weight of 71.2%.

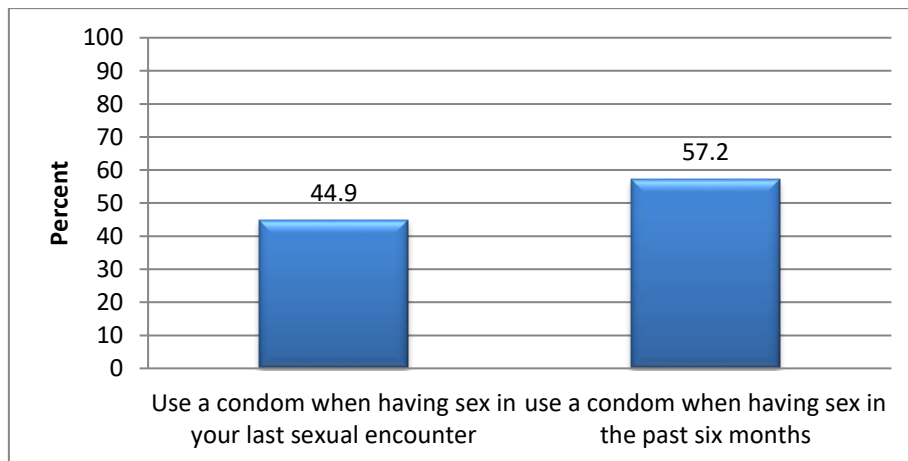
Those who had stayed the least were more positive with the highest weight of 55.5% as compared to 25.5% and 28.7% for those that had stayed 6-10 years and 11 years and above though this difference was not significant.

5.4.1.5 Migrants' usage of condom

Table 13: Migrants' sexual activities and condom use

Items	Yes	No
<i>"Have you had sex with your primary partner in the past six months?"</i>	59.3% (269)	40.7% (185)
<i>"Did you use a condom when having sex in your sexual encounter?"</i>	44.9% (204)	55.1% (250)
MRS	59.7% (473)	41.3% (435)

Figure 14: Migrants' usage of condom



Less than average migrants making 44.9% (204) used condom when having sex in their last sexual encounter while a weak majority 57.2% (154) used condom when having sex in the past six months.

5.4.1.6 Research hypothesis one: Attitudes, subjective norms, intention and self-efficacy will increase the behavioural control of migrants towards the use of condom

Demographic characteristics

The demographic characteristic of youth migrants on condom use was appraised using Logistic Regression Model. The variability explained by this model was not significant (Omnibus Test of Model Coefficient: $\chi^2=2.098$; $df=4$; $P=0.718$). This therefore implies that demographic characteristics of migrants do not significantly ($P>0.05$) predict condom use and the Explanatory Power (EP) / Predictive Power was almost null, 0.8% (Cox & Snell R Square=0.008). The hypothesis here stated is then rejected based on the demographic characteristics.

Table 14: Model Fitting Information and Predictive Power for the predictive component the combined effect of subjective norms and self-efficacy

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=2.098$ $df=4$ $P=0.718$	0.008

*Dependent variable: Condom use.

One of the indicators of demographic characteristics significantly predicts condom use which is relational status though this relationship is not significant with Wald statistics.

Table 15: Association between condom use and background indicators among those that had sex in the last six months

Background indicator	Categories	Use a condom when having sex in your last sexual encounter (N=269)		n	Likelihood Ratio
		Yes	No		
Highest level of school attained	No schooling and primary	61.5%(24)	38.5%(15)	39	Value=9.999 P=0.075
	Secondary and high school	55.6%(70)	44.4%(56)	126	
	Higher education/Tertiary	57.7%(60)	42.3%(44)	104	
Gender	Male	56.7%(72)	43.3%(55)	127	Value=0.030 P=0.862
	Female	57.7%(82)	42.3%(60)	142	
Length of stay	0-5	61.0%(111)	39.0%(71)	182	Value=0.030 P=0.862
	6-10	55.6%(20)	44.4%(16)	36	
	11+	45.1%(3)	54.9%(28)	51	
Relational status	Married	45.2%(28)	54.8%(34)	62	Value=7.564 P=0.023
	Single, dating and engaged	64.4%(96)	35.6%(53)	149	
	Separated, divorced and widowed	51.7%(30)	48.3%(28)	58	
Age	18-25	64.1%(41)	35.9%(23)	64	V=1.612 P=0.204
	26-35	55.1%(113)	44.9%(92)	205	

Based on the highest level of school attained, those that had not been to school or who had attained only primary education had the highest proportion of those that use condom when having sex in the last sexual encounter 61.5% (24), followed by those that had attained higher education 57.7% (60), very close to those that had attained secondary and high school 55.6% (70) but these differences were not statistically significant ($P>0.05$).

Condom usage was not dependent of gender ($P>0.05$) whereby male and female had almost the same proportion of condom use, 56.7% (72) for the male and 57.7% (82) for the female.

Considering the duration of stay in S.A., usage of condom was not dependent on this indicator ($P>0.05$). Though those that had the lowest duration of stays used condom more with proportion of 61.5% (24), followed by those that had stayed 6-10 years 55.6% (20),

then those with duration of stay of 11 years and more. A close look at the data shows that the more migrants had stayed in S.A., the lesser they tend to use condom, but this relationship was not significant ($P>0.05$).

With respect to relational status, the category made of single, dating and engaged mostly used condom with proportion of 64.4% (96), followed by the category made of separated, divorced and widowed 51.7% (30) while the married migrants least used condom 45.2% (28) and this discrepancy was statistically significant ($P<0.05$).

The use of condom did not significantly depend on age ($P>0.05$). However, the youngest age range (18-25 years) used condom more with proportion of 64.1% (41) as compared to a lower proportion of 55.1% (113) for their elder counterparts (26-35 years).

Table 16: Wald statistics depicting the predictive effect of individual predictors of demographic characteristics on condom use controlled for each other

Demographic indicators	B	S.E.	Wald	df	Sig.
Education	.039	.185	.045	1	.832
gender	.025	.251	.010	1	.919
Length of stay in S.A.	-.163	.109	2.225	1	.136
Relational status	.108	.188	.332	1	.565
Age	-.297	.303	.963	1	.326

Attitude

The effect of attitude on behavioural control identified here with condom use was appraised using Logistic Regression Model. The variability explained by this model was very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=65.935$; $df=39$; $P=0.004$). This therefore implies that attitude significantly ($P<0.05$) predicts condom use with an Explanatory Power (EP) / Predictive Power of 21.7% (Cox & Snell R Square=0.217). Generally, the more negative the attitude towards condom use, the more migrants use condom. The hypothesis here stated is then accepted based on attitude.

Table 17: Model Fitting Information and Predictive Power for the predictive component attitude

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=65.935$ df=39 P=0.004	0.217

*Dependent/Outcome variable: Condom use.

Considering the Likelihood Ratio test that assesses the predictive effect of individual predictive indicators considered independently and that of the Wald statistics that appraises the predictive effects of individual predictive indicators controlled for each other, it appears concordantly that *“I would be comfortable suggesting that my partner and I use a condom”* and *“To most women, a man who uses a condom is sexier than one who leaves protection up to the woman”* significantly predict condom use. Wald alone highlighted *“All things considered, condoms seem safer to me than any other form of contraception except abstinence”*; *“Condoms are uncomfortable for both partners”* and *“The condom is a highly satisfactory form of contraception”*. Let us now explained the influence of these predictors one after another:

1. *“All things considered; condoms seem safer to me than any other form of contraception except abstinence”*:

This association/correlation was negative thus implying that those that agreed to this indicator less used condom. This seems paradoxical because we were more likely to expect a positive association. The present trend could be explained by the fact that this category of respondents seems to believe more in abstinence and which deters them from using condom. These variables remained significant even when controlled for demographic information.

2. *“I would be comfortable suggesting that my partner and I use a condom”*

This association is positive thus implying that those that agreed to this indicator use condom more.

3. *” Condoms are uncomfortable for both partners ”*

This relationship is negative thus implying that those that agreed to this indicator lesser use condom.

4. *“To most women, a man who uses a condom is sexier than one who leaves protection up to the woman ”*

This association is positive thus implying that those that agreed to this indicator use condom more.

5. *“The condom is a highly satisfactory form of contraception ”*

This association is positive thus implying that those that agreed to this indicator use condom more.

Table 18: Association between *“All things considered, condoms seem safer to me than any other form of contraception except abstinence”* and condom use

<i>“All things considered, condoms seem safer to me than any other form of contraception except abstinence”</i>	Stats	Condom use		Total
		No	Yes	
Agree	n	38	69	107
	%	35.5%	64.5%	100.0%
Neither agree or disagree	n	32	34	66
	%	48.5%	51.5%	100.0%
Disagree	n	45	51	96
	%	46.9%	53.1%	100.0%
Total	n	115	154	269
	%	42.8%	57.2%	100.0%

Table 19: Association between “*I would be comfortable suggesting that my partner and I use a condom*” and condom use

<i>“I would be comfortable suggesting that my partner and I use a condom”</i>	Stats	Condom use		Total
		No	Yes	
Agree	n	69	65	134
	%	51.5%	48.5%	100.0%
Neither agree or disagree	n	10	23	33
	%	30.3%	69.7%	100.0%
Disagree	n	36	66	102
	%	35.3%	64.7%	100.0%
Total	n	115	154	269
	%	42.8%	57.2%	100.0%

Those who agreed to the fact that they would be comfortable suggesting that their partners use a condom used condom less. This is because those in the younger age range use condom more though they acknowledged more to be uncomfortable suggesting that their partners use condom. This could equally justify the trend of the two tables that follow directly whereby, where condoms are uncomfortable for both partners, they are more used. In summary, the younger migrants, though perceiving condom as uncomfortable, use it more. What then motivate them to use condom though they perceive it to be uncomfortable?

Table 20: Association between “*Condoms are uncomfortable for both partners*” and condom use

<i>“Condoms are uncomfortable for both partners”</i>	Stats	Condom use		Total
		No	Yes	
Agree	n	51	69	120
	%	42.5%	57.5%	100.0%
Neither agree or disagree	n	17	37	54
	%	31.5%	68.5%	100.0%
Disagree	n	47	48	95
	%	49.5%	50.5%	100.0%
Total	n	115	154	269
	%	42.8%	57.2%	100.0%

Table 21: Association between “*The condom is a highly satisfactory form of contraception*” and condom use

<i>“The condom is a highly satisfactory form of contraception”</i>	Stats	Condom use		Total
		No	Yes	
Agree	n	50	52	102
	%	49.0%	51.0%	100.0%
Neither agree or disagree	n	28	38	66
	%	42.4%	57.6%	100.0%
Disagree	n	37	64	101
	%	36.6%	63.4%	100.0%
Total	n	115	154	269
	%	42.8%	57.2%	100.0%

Table 22: Association between ‘To most women, a man who uses a condom is sexier than one who leaves protection up to the woman’ and condom use

<i>“To most women, a man who uses a condom is sexier than one who leaves protection up to the woman”</i>	Stats	Condom use		Total
		No	Yes	
Agree	n	56	57	113
	%	49.6%	50.4%	100.0%
Neither agree or disagree	n	26	37	63
	%	41.3%	58.7%	100.0%
Disagree	n	33	60	93
	%	35.5%	64.5%	100.0%
Total	n	115	154	269
	%	42.8%	57.2%	100.0%

The more migrants agreed to the fact that “to most women, a man who uses a condom is sexier than one who leaves protection up to the woman”, the lesser they use condom. Empowerment could explain this paradox because the higher the level of school attainment the more migrants perceived that men should initiate condom use and this association was significant ($P < 0.05$), whereas those that had attained tertiary education to a weak extent use condom less as they were more married. The proportions in this vein rose from 25.6% (10) for those that had never been to school or who had attained only primary education to 39.7% (50) for those that had attained secondary and higher education to be the highest 51.0% (53) for those that had attained higher education. The age of migrants did not really determine their stance with respect to the perception that “to most women, a man who uses a condom is sexier than one who leaves protection up to the woman”.

Table 23: Predictive effect of individual predictors of attitude towards condom use on condom use

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>"In my opinion, condoms are too much trouble"</i>	.509	1	.476
<i>"Condoms are unreliable"</i>	.697	1	.404
<i>"Condoms are pleasant to use"</i>	2.017	1	.156
<i>"The neatness of condoms, for example, no wet spot on the bed, makes them attractive"</i>	2.227	1	.136
<i>"I see the use of a condom as adding to the excitement of foreplay if the female partner helps the male put it in place"</i>	1.409	1	.235
<i>"I would be willing to try a condom, even if I have never used one before"</i>	.070	1	.791
<i>"There is no reason why a woman should be embarrassed to suggest a condom"</i>	1.291	1	.256
<i>"Women think men who use condoms show concern and caring"</i>	.137	1	.711
<i>"I intend to try condoms"</i>	.801	1	.371
<i>"I think proper use of a condom can enhance sexual pleasures"</i>	2.841	1	.092
<i>"Many people make use of the condom as an erotic part of foreplay"</i>	.403	1	.526
<i>"All things considered, condoms seem safer to me than any other form of contraception except abstinence"</i>	2.763	1	.096
<i>"I just don't like the idea of using condoms"</i>	.723	1	.395
<i>"I think condoms look ridiculous"</i>	.103	1	.749
<i>"Condoms are inconvenient"</i>	.176	1	.674
<i>"I see no reason to be embarrassed by the use of condoms"</i>	.064	1	.800
<i>"Condoms are uncomfortable"</i>	.739	1	.390
<i>"Using a condom makes sex unenjoyably"</i>	.018	1	.893
<i>"I would avoid using condoms if at all possible"</i>	.385	1	.535
<i>"I would be comfortable suggesting that my partner and I use a condom"</i>	6.568	1	.010
<i>"Condoms ruin the sex act"</i>	.788	1	.375
<i>"Condoms are uncomfortable for both partners"</i>	.859	1	.354
<i>"Women think men who use condoms are foolish and ill mannered"</i>	4.742	1	.029
<i>"The idea of using a condom doesn't appeal to me"</i>	.186	1	.667
<i>"Use of the condom is an interruption of foreplay"</i>	.442	1	.506
<i>"What to do with a condom after use is a real problem"</i>	2.396	1	.122
<i>"The thought of using a condom is disgusting"</i>	2.599	1	.107
<i>"Having to stop to put on a condom takes all the romance out of sex"</i>	.941	1	.332
<i>"Most women don't like for their partners to use condoms"</i>	.097	1	.755
<i>"I don't think condoms interfere with the enjoyment of sex"</i>	1.701	1	.192
<i>"There is no way that using a condom can be pleasant"</i>	.619	1	.431
<i>"Using a condom requires taking time out of foreplay, which interrupts the pleasure of sex"</i>	.021	1	.886
<i>"I think condoms are an excellent means of contraception"</i>	.355	1	.552
<i>"Condoms seem unreliable"</i>	1.413	1	.234
<i>"There is no reason why a man should be embarrassed to suggest using a condom"</i>	.014	1	.905
<i>"To most women, a man who uses a condom is sexier than one who leaves protection up to the woman"</i>	4.171	1	.041
<i>"The condom is a highly satisfactory form of contraception"</i>	3.182	1	.074
<i>"I would have no objection if my partner suggested that we use a condom"</i>	.023	1	.879
<i>"The skilful woman can make placing a condom a highly erotic experience"</i>	.140	1	.708

Table 24: Wald statistics depicting the predictive effect of individual predictors of attitude controlled for each other towards condom use on condom use

Predictors	B	S.E.	Wald	df	Sig.
<i>"In my opinion, condoms are too much trouble"</i>	.175	.311	.316	1	.574
<i>"Condoms are unreliable"</i>	.256	.276	.859	1	.354
<i>"Condoms are pleasant to use"</i>	-.406	.274	2.191	1	.139
<i>"The neatness of condoms, for example, no wet spot on the bed, makes them attractive"</i>	.078	.281	.078	1	.781
<i>"I see the use of a condom as adding to the excitement of foreplay if the female partner helps the male put it in place"</i>	-.090	.300	.090	1	.764
<i>"I would be willing to try a condom, even if I have never used one before"</i>	.095	.303	.099	1	.753
<i>"There is no reason why a woman should be embarrassed to suggest a condom"</i>	.435	.299	2.111	1	.146
<i>"Women think men who use condoms show concern and caring"</i>	-.270	.305	.783	1	.376
<i>"I intend to try condoms"</i>	.007	.319	.001	1	.982
<i>"I think proper use of a condom can enhance sexual pleasures"</i>	.459	.286	2.587	1	.108
<i>"Many people make use of the condom as an erotic part of foreplay"</i>	.207	.272	.581	1	.446
<i>"All things considered, condoms seem safer to me than any other form of contraception except abstinence"</i>	-.879	.285	9.539	1	.002
<i>"I just don't like the idea of using condoms"</i>	-.007	.258	.001	1	.979
<i>"I think condoms look ridiculous"</i>	.046	.257	.032	1	.859
<i>"Condoms are inconvenient"</i>	.167	.319	.275	1	.600
<i>"I see no reason to be embarrassed by the use of condoms"</i>	-.138	.271	.259	1	.611
<i>"Condoms are uncomfortable"</i>	.023	.370	.004	1	.950
<i>"Using a condom makes sex unenjoyably"</i>	-.090	.314	.083	1	.774
<i>"I would avoid using condoms if at all possible"</i>	.172	.269	.408	1	.523
<i>"I would be comfortable suggesting that my partner and I use a condom"</i>	.692	.272	6.484	1	.011
<i>"Condoms ruin the sex act"</i>	.522	.323	2.617	1	.106
<i>"Condoms are uncomfortable for both partners"</i>	-1.333	.354	14.198	1	.000
<i>"Women think men who use condoms are foolish and ill mannered"</i>	.539	.290	3.461	1	.063
<i>"The idea of using a condom doesn't appeal to me"</i>	-.072	.312	.054	1	.817
<i>"Use of the condom is an interruption of foreplay"</i>	-.028	.316	.008	1	.929
<i>"What to do with a condom after use is a real problem"</i>	.031	.270	.013	1	.908
<i>"The thought of using a condom is disgusting"</i>	.198	.287	.474	1	.491
<i>"Having to stop to put on a condom takes all the romance out of sex"</i>	.034	.289	.014	1	.906
<i>"Most women don't like for their partners to use condoms"</i>	-.326	.316	1.067	1	.302
<i>"I don't think condoms interfere with the enjoyment of sex"</i>	.453	.267	2.879	1	.090
<i>"There is no way that using a condom can be pleasant"</i>	-.267	.287	.867	1	.352
<i>"Using a condom requires taking time out of foreplay, which interrupts the pleasure of sex"</i>	.479	.277	2.982	1	.084
<i>"I think condoms are an excellent means of contraception"</i>	-.309	.265	1.360	1	.244
<i>"Condoms seem unreliable"</i>	-.415	.251	2.742	1	.098
<i>"There is no reason why a man should be embarrassed to suggest using a condom"</i>	.002	.277	.000	1	.993
<i>"To most women, a man who uses a condom is sexier than one who leaves protection up to the woman"</i>	.477	.248	3.702	1	.054
<i>"The condom is a highly satisfactory form of contraception"</i>	.653	.297	4.830	1	.028
<i>"I would have no objection if my partner suggested that we use a condom"</i>	-.243	.326	.555	1	.456
<i>"The skilful woman can make placing a condom a highly erotic experience"</i>	-.490	.326	2.265	1	.132

Subjective norms

The effect of subjective norms on behavioural control identified here with condom use was appraised using Logistic Regression Model. The variability explained by this model was not significant (Omnibus Test of Model Coefficient: $\chi^2=14.348$; $df=10$; $P=0.158$). This therefore implies that subjective norms do not really ($P>0.05$) predicts condom use. The influence however was not null with a very weak Explanatory Power (EP) / Predictive Power of 5.2% (Cox & Snell R Square = 0.052). Generally, the more negative the subjective norms towards condom use, the more migrants use condom, however, this influence was not significant, thus rejecting the hypothesis here stated.

Table 25: Model Fitting Information and Predictive Power for the predictive component subjective norms

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=14.348$ $df=10$ $P=0.158$	0.052

*Dependent variable: Condom use.

Considering the effect of predictors independently, none of them significantly predicted condom use. But when controlled for each other as depicted by Wald statistics, one of the 10 predictive indicators of subjective norms significantly predicted condom used which is “*many people from my church (pastor and congregation mates) would think that using a condom in my next sexual encounter is a good thing to do*”. This association was positive thus implying it positively impacts on condom use.

Conversely, religion is perceived as a critical factor that can either enhance or hinder migrants’ use of condom.

Table 26: Association between “Many people from my church (pastor and congregation mates) would think that using a condom in my next sexual encounter is a good thing to do” and condom use

<i>“Many people from my church (pastor and congregation mates) would think that using a condom in my next sexual encounter is a good thing to do”</i>	Stats	Condom use		Total
		No	Yes	
Agree	n	58	71	129
	%	45.0%	55.0%	100.0%
Neither agree or disagree	n	34	38	72
	%	47.2%	52.8%	100.0%
Disagree	n	23	45	68
	%	33.8%	66.2%	100.0%
Total	n	115	154	269
	%	42.8%	57.2%	100.0%

The paradox is that those that disagreed to the fact that people from my church (pastor and congregation mates) would think that using a condom in my next sexual encounter is a good thing to do use condom more. Further analysis brings up the youth factor as a major confounder as they disagreed more to this indicator, yet still use condom more. This tight with the trend explain earlier under attitude; these additional statistics emphasize the need to find out why though youth had a negative attitude towards condom, they still use it to a high extent.

Table 27: Predictive effect of individual predictors of subjective norms related to condom use on condom use

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>“Most people who are important to me would think it is important to use a condom in my next sexual encounter”</i>	.004	1	.951
<i>“”Most people who are important to me think that condom use is desirable”</i>	.507	1	.476
<i>“”Most others who are important to me think that I should use a condom in my next sexual encounter”</i>	.586	1	.444
<i>“Thinking of my friends and peers. I think they would think that using a condom in my next sexual encounter is a good thing to do”</i>	.008	1	.929
<i>Thinking of my parents, family. I think that they would think that using a condom in my next sexual encounter is a good thing to do”</i>	.017	1	.895
<i>“Many people from my church (pastor and congregation mates) would think that using a condom in my next sexual encounter is a good thing to do”</i>	1.776	1	.183
<i>“Many of my friends would use a condom in their sexual encounter</i>	1.373	1	.241
<i>“Thinking of my friends and peers. I think many of them would use a condom in their sexual encounter”</i>	1.352	1	.245
<i>“My attitudes and beliefs, are similar to that of my friends and peers</i>	.060	1	.807
<i>“Thinking of who I am. Being a member of my group of friends and peers and having their approval is very important to me”</i>	1.377	1	.241
<i>“Most people who are important to me would think it is important to use a condom in my next sexual encounter”</i>	.004	1	.951

Table 28: Wald statistics depicting the predictive effect of individual predictors of subjective norms related to condom use on condom use controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>“Most people who are important to me would think it is important to use a condom in my next sexual encounter”</i>	-.185	.263	.495	1	.482
<i>“Most people who are important to me think that condom use is desirable”</i>	.332	.266	1.562	1	.211
<i>“Most others who are important to me think that I should use a condom in my next sexual encounter”</i>	-.040	.241	.027	1	.868
<i>“Thinking of my friends and peers. I think they would think that using a condom in my next sexual encounter is a good thing to do”</i>	-.062	.278	.050	1	.824
<i>“Thinking of my parents, family. I think that they would think that using a condom in my next sexual encounter is a good thing to do”</i>	-.052	.314	.028	1	.868
<i>“Many people from my church (pastor and congregation mates) would think that using a condom in my next sexual encounter is a good thing to do”</i>	.494	.251	3.881	1	.049
<i>Many of my friends would use a condom in their sexual encounter”</i>	-.072	.244	7.537	1	.501
<i>“Thinking of my friends and peers. I think many of them would use a condom in their sexual encounter”</i>	.245	.236	1.078	1	.299
<i>“My attitudes and beliefs, are similar to that of my friends and peers”</i>	.074	.242	.092	1	.761
<i>“Thinking of who I am. Being a member of my group of friends and peers and having their approval is very important to me”</i>	.125	.199	.395	1	.530

Intention

The effect of intention on behavioural control identified here with condom use was appraised using Logistic Regression Model. The variability explained by this model was not significant (Omnibus Test of Model Coefficient: $\chi^2=5.662$; $df=3$; $P=0.129$). This therefore implies that intention does not really ($P>0.05$) predicts condom use. The influence however was not null, but the Explanatory Power (EP) / Predictive Power was very small 2.1% (Cox & Snell R Square=0.021). Generally, the more positive the intention towards condom use, the more migrants use condom, however, this influence was not significant, thus rejecting the hypothesis here stated as far as intention is concerned.

Table 29: Model Fitting Information and Predictive Power for the predictive component intention

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=5.662$ df=3 P=0.129	0.021

*Dependent variable: Condom use.

None of the individual predictors significantly predict condom use.

Table 30: Predictive effect of individual predictors of intention related to condom use on condom use

Predictors	Score	df	Sig.
<i>"If you have sex with a casual partner over the next 2 months, do you intend to use a condom?"</i>	.005	1	.944
<i>"If you have sex with a casual partner over the next 2 months, do you expect to use a condom?"</i>	1.530	1	.216
<i>"Is it likely that you will use a condom if you have vaginal and/or anal sex with a casual partner in the next 2 months?"</i>	2.661	1	.103

Table 31: Wald statistics depicting the predictive effect of individual predictors of intention related to condom use on condom use controlled for each other

Predictors	B	S.E.	Wald	df	Sig.	Exp(B)
<i>"If you have sex with a casual partner over the next 2 months, do you intend to use a condom?"</i>	.391	.230	2.880	1	.090	1.478
<i>"If you have sex with a casual partner over the next 2 months, do you expect to use a condom?"</i>	-.231	.231	.998	1	.318	.794
<i>"Is it likely that you will use a condom if you have vaginal and/or anal sex with a casual partner in the next 2 months?"</i>	-.322	.208	2.391	1	.122	.725

Perceived behavioural control (self-efficacy)

Technical skills: The effect of the technical skills component of perceived behavioural control on condom use was appraised using Logistic Regression Model. The variability explained by this model was very unsatisfactory (Omnibus Test of Model Coefficient: $\chi^2=2.592$; $df=6$; $P=0.858$). This therefore implies that the component technical skills of perceived behavioural control do not significantly ($P>0.05$) predicts condom use with a very slim or almost null Explanatory Power (EP) / Predictive Power of 1.0% (Cox & Snell R Square=0.010). The hypothesis here stated is then rejected based on technical skills of perceived behavioural control.

Table 32: Model Fitting Information and Predictive Power for the predictive component technical skills of perceived behavioural control

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=2.592$ $df=6$ $P=0.858$	0.010

*Dependent variable: Condom use.

Considering the effect of predictors independently, none of them significantly predicted condom use even when controlled for each other.

Table 33: Predictive effect of individual predictors of technical skills of perceived behavioural control related to condom use on condom use

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>"I feel confident in my ability to put on a condom to myself or my partner"</i>	.788	1	.375
<i>"I would be capable of using a condom efficiently"</i>	1.033	1	.309
<i>"I think I would be able to remove a condom easily"</i>	.015	1	.904
<i>"Putting on a condom would make me feel uncomfortable"</i>	.163	1	.686
<i>"I think I am able to put on a condom quickly"</i>	.780	1	.377
<i>"I would be able to get condoms out of a condom machine in a pub or dance without any problem"</i>	1.022	1	.312

Table 34: Wald statistics depicting the predictive effect of individual predictors of technical skills of perceived behavioural control related to condom use on condom use controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>"I feel confident in my ability to put on a condom to myself or my partner"</i>	.076	.230	.109	1	.741
<i>"I would be capable of using a condom efficiently"</i>	.169	.243	.486	1	.486
<i>"I think I would be able to remove a condom easily"</i>	-.219	.216	1.033	1	.310
<i>"Putting on a condom would make me feel uncomfortable"</i>	-.040	.191	.043	1	.836
<i>"I think I am able to put on a condom quickly"</i>	.067	.217	.095	1	.757
<i>"I would be able to get condoms out of a condom machine in a pub or dance without any problem"</i>	.112	.194	.333	1	.564

Image confidence: The effect of the component image confidence of perceived behavioural control on condom use was appraised using Logistic Regression Model. The variability explained by this model was very unsatisfactory (Omnibus Test of Model Coefficient: $\chi^2=3.627$; $df=6$; $P=0.727$). This therefore implies that the component image confidence of perceived behavioural control does not significantly ($P>0.05$) predicts condom use with a very slim or almost null Explanatory Power (EP) / Predictive Power of 1.3% (Cox & Snell R Square=0.013). The hypothesis here stated is then rejected based on the component image confidence of perceived behavioural control.

Table 35: Model Fitting Information and Predictive Power for the predictive component image confidence of perceived behavioural control

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=3.627$ $df=6$ $P=0.727$	0.013

*Dependent variable: Condom use.

Considering the effect of predictors independently, none of them significantly predicted condom use even when controlled for each other.

Table 36: Predictive effect of individual predictors of image confidence component of perceived behavioural control related to condom use on condom use

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>"I would not dare to propose condom use to a new partner because this might suggest my partner has an STD"</i>	1.476	1	.224
<i>"I would not dare to propose condom use to a new partner because this might suggest I have an STD"</i>	1.063	1	.303
<i>"I would not dare to propose condom use because this might suggest I have slept with several partners"</i>	.552	1	.458
<i>"I think I could propose condom use without causing my partner feel as if he or she were ill"</i>	.414	1	.520
<i>"If I were to propose condom use, I would be afraid to be rejected"</i>	.041	1	.840
<i>"I would not dare to propose condom use to a new partner because this might suggest homosexual experiences"</i>	.163	1	.686

Table 37: Wald statistics depicting the predictive effect of individual predictors of image confidence component of perceived behavioural control related to condom use on condom use controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>"I would not dare to propose condom use to a new partner because this might suggest my partner has an STD"</i>	.151	.215	.494	1	.482
<i>"I would not dare to propose condom use to a new partner because this might suggest I have an STD"</i>	.127	.253	.251	1	.617
<i>"I would not dare to propose condom use because this might suggest I have slept with several partners"</i>	.067	.236	.080	1	.778
<i>"I think I could propose condom use without causing my partner feel as if he or she were ill"</i>	-.159	.171	.858	1	.354
<i>"If I were to propose condom use, I would be afraid to be rejected"</i>	-.169	.251	.455	1	.500
<i>"I would not dare to propose condom use to a new partner because this might suggest homosexual experiences"</i>	.092	.214	.184	1	.668

Emotional control: The effect of the component emotional control of perceived behavioural control on condom use was appraised using Logistic Regression Model. The variability explained by this model was very unsatisfactory (Omnibus Test of Model Coefficient: $\chi^2=3.627$; $df=6$; $P=0.727$). This therefore implies that the component emotional control of perceived behavioural control does not significantly ($P>0.05$) predict condom use with a very slim or almost null Explanatory Power (EP) / Predictive Power of 1.3% (Cox & Snell

R Square=0.013). The hypothesis here stated is then rejected based on the component emotional control of perceived behavioural control.

Table 38: Model Fitting Information and Predictive Power for the predictive component emotional control of perceived behavioural control

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=5.021$ df=5 P=0.413	0.018

*Dependent variable: Condom use.

Considering the effect of predictors independently, none of them significantly predicted condom use even when controlled for each other.

Table 39: Predictive effect of individual predictors of the emotional control component of perceived behavioural control related to condom use on condom use

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>"None of us has got a condom, so we would have to buy one. In that case I think I would have sex without a condom"</i>	.681	1	.409
<i>"If I would have sex unexpectedly I would forget to use a condom"</i>	.284	1	.594
<i>"If I would be drunk a little, I would not be able to stop making love to put on a condom first"</i>	.845	1	.358
<i>"Even if I would be very much in love, I would think of using a condom when I have sex with my partner for the first time"</i>	.054	1	.817
<i>"If I would have sex with my partner for the first time, I would hardly be able to wait until the condom has been put on"</i>	1.275	1	.259

Table 40: Wald statistics depicting the predictive effect of individual predictors of the emotional component of perceived behavioural control related to condom use on condom use controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>“None of us has got a condom, so we would have to buy one. In that case I think I would have sex without a condom”</i>	.043	.159	.073	1	.787
<i>“If I would have sex unexpectedly I would forget to use a condom”</i>	-.243	.208	1.361	1	.243
<i>“If I would be drunk a little, I would not be able to stop making love to put on a condom first”</i>	.262	.213	1.520	1	.218
<i>“Even if I would be very much in love, I would think of using a condom when I have sex with my partner for the first time”</i>	-.172	.216	.632	1	.427
<i>“If I would have sex with my partner for the first time, I would hardly be able to wait until the condom has been put on”</i>	.235	.201	1.361	1	.243

Purchase: The effect of the component purchase of perceived behavioural control on condom use was appraised using Logistic Regression Model. The variability explained by this model was equally very unsatisfactory (Omnibus Test of Model Coefficient: $\chi^2=3.188$; $df=5$; $P=0.671$). This therefore implies that the component purchase of perceived behavioural control does not significantly ($P>0.05$) predicts condom use with a very slim or almost null Explanatory Power (EP) / Predictive Power of 1.2% (Cox & Snell R Square=0.012). The hypothesis here stated is then rejected based on the component purchase of perceived behavioural control.

Table 41: Model Fitting Information and Predictive Power for the predictive component purchase of perceived behavioural control

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=3.188$ $df=5$ $P=0.671$	0.012

*Dependent variable: Condom use.

Considering the effect of predictors independently, none of them significantly predicted condom use even when controlled for each other.

Table 42: Predictive effect of individual predictors of the purchase component of perceived behavioural control related to condom use on condom use

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>"I can get condoms whenever I want without difficulty"</i>	.012	1	.911
<i>"I wouldn't mind buying condoms in a department store"</i>	1.461	1	.227
<i>"I would feel uncomfortable if I'd carry condoms with me"</i>	.474	1	.491
<i>"I find purchasing condoms at a pharmacist embarrassing"</i>	.039	1	.843
<i>"I dare to get condoms out of a condom machine in a pub or dance without any problem"</i>	.138	1	.710

Table 43: Wald statistics depicting the predictive effect of individual predictors of the purchase component of perceived behavioural control related to condom use on condom use controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>"I can get condoms whenever I want without difficulty"</i>	-.213	.208	1.043	1	.307
<i>"I wouldn't mind buying condoms in a department store"</i>	.270	.204	1.755	1	.185
<i>"I would feel uncomfortable if I'd carry condoms with me"</i>	.175	.209	.700	1	.403
<i>"I find purchasing condoms at a pharmacist embarrassing"</i>	-.154	.204	.576	1	.448
<i>"I dare to get condoms out of a condom machine in a pub or dance without any problem"</i>	.034	.195	.031	1	.861

Assertiveness: The effect of the component assertiveness of perceived behavioural control on condom use was appraised using Logistic Regression Model. The variability explained by this model was very unsatisfactory as well (Omnibus Test of Model Coefficient: $\chi^2=9.175$; $df=6$; $P=0.164$). This therefore implies that the component assertiveness of perceived behavioural control does not significantly ($P>0.05$) predict condom use with a very slim Explanatory Power (EP) / Predictive Power of 3.4% (Cox & Snell R Square=0.034). The hypothesis here stated is then rejected based on the component assertiveness of perceived behavioural control.

Table 44: Model Fitting Information and Predictive Power for the predictive component assertiveness of perceived behavioural control

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=9.175$ df=6 P=0.164	0.034

*Dependent variable: Condom use.

Considering the effect of predictors independently, none of them significantly predicted condom use but when controlled for each other, the predictive indicator *“If my partner wouldn’t want to use a condom, I could easily convince him/her of its necessity”* significantly predicted condom use.

Table 45: Association between *“If my partner wouldn’t want to use a condom, I could easily convince him/her of its necessity”* and condom use

<i>“If my partner wouldn’t want to use a condom, I could easily convince him/her of its necessity”</i>	Stats	Condom use		Total
		No	Yes	
Agree	n	51	62	113
	%	45.1%	54.9%	100.0%
Neither agree or disagree	n	28	33	61
	%	45.9%	54.1%	100.0%
Disagree	n	36	59	95
	%	37.9%	62.1%	100.0%
Total	n	115	154	269
	%	42.8%	57.2%	100.0%

The paradox here once more is that those that disagreed to this indicator use condom more. This still tie with the trend explained earlier under attitude; these additional statistics emphasize the need to find out why though youth had a negative attitude towards condom, they still use it to a high extent.

Table 46: Predictive effect of individual predictors of the assertiveness component of perceived behavioural control related to condom use on condom use

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>"I feel able to convince my partner to use a condom when we have sex together"</i>	1.009	1	.315
<i>"If my partner wouldn't want to use a condom, I could easily convince him/her of its necessity"</i>	1.054	1	.305
<i>"I would not propose using a condom if I didn't know how my partner feels about condom use"</i>	.501	1	.479
<i>"None of us has got a condom, so we would have to buy one. In that case I think I would have sex without a condom"</i>	.040	1	.842
<i>"I think I could propose condom use without causing my partner feel as if he or she were ill"</i>	.045	1	.833
<i>"I see myself as capable of buying condoms at a duty pharmacist during the evening"</i>	1.113	1	.292

Table 47: Wald statistics depicting the predictive effect of individual predictors of the assertiveness component of perceived behavioural control related to condom use on condom use controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>"I feel able to convince my partner to use a condom when we have sex together"</i>	-.377	.195	3.749	1	.049
<i>"If my partner wouldn't want to use a condom, I could easily convince him/her of its necessity"</i>	.518	.228	5.158	1	.023
<i>"I would not propose using a condom if I didn't know how my partner feels about condom use"</i>	-.297	.223	1.780	1	.182
<i>"None of us has got a condom, so we would have to buy one. In that case I think I would have sex without a condom"</i>	.167	.205	.664	1	.415
<i>"I think I could propose condom use without causing my partner feel as if he or she were ill"</i>	-.117	.185	.398	1	.528
<i>"I see myself as capable of buying condoms at a duty pharmacist during the evening"</i>	.143	.144	.984	1	.321

Sexual control: The effect of the component sexual control of perceived behavioural control on condom use was appraised using Logistic Regression Model. The variability explained by this model was very unsatisfactory (Omnibus Test of Model Coefficient: $\chi^2=1.439$; $df=4$; $P=0.837$). This therefore implies that the component sexual control of perceived behavioural control does not significantly ($P>0.05$) predict condom use with a very slim or close to null Explanatory Power (EP) / Predictive Power of 0.5% (Cox & Snell R Square=0.005). The

hypothesis here stated is then rejected based on the component sexual control of perceived behavioural control.

Table 48: Model Fitting Information and Predictive Power for the predictive component sexual control of perceived behavioural control

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=1.439$ df=4 P=0.837	0.005

*Dependent variable: Condom use.

Considering the effect of predictors independently, none of them significantly predicted condom use.

Table 49: Predictive effect of individual predictors of the sexual control component of perceived behavioural control related to condom use on condom use

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>"I feel able to use a condom together with my partner without breaking the mood"</i>	.111	1	.739
<i>"I think I could use a condom without lessening sexual excitement"</i>	.375	1	.540
<i>"If my partner would carry a condom I would certainly manage to use one"</i>	.000	1	.997
<i>"I feel I am able to integrate putting on a condom into the foreplay"</i>	.531	1	.466

Table 50: Wald statistics depicting the predictive effect of individual predictors of the sexual control component of perceived behavioural control related to condom use on condom use controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>"I feel able to use a condom together with my partner without breaking the mood"</i>	.014	.205	.004	1	.947
<i>"I think I could use a condom without lessening sexual excitement"</i>	.146	.229	.410	1	.522
<i>"If my partner would carry a condom I would certainly manage to use one"</i>	-.217	.242	.804	1	.370
<i>"I feel I am able to integrate putting on a condom into the foreplay"</i>	.148	.192	.588	1	.443

Overall self-efficacy: The effect of self-efficacy or perceived behavioural control on condom use was appraised using Logistic Regression Model. The variability explained by this model was not satisfactory (Omnibus Test of Model Coefficient: $\chi^2=25.338$; $df=32$; $P=0.792$). This therefore implies that perceived behavioural control does not significantly ($P>0.05$) predicts condom use but the effect though not significant was perceptible with an Explanatory Power (EP) / Predictive Power of 12.1% (Cox & Snell R Square=0.121). The positive sign of Beta (B) indicates that the better the self-efficacy, the more migrants use condom though this predictive effect was not significant. The hypothesis here stated is then rejected based on self-efficacy or perceived behavioural control.

Table 51: Model Fitting Information and Predictive Power for the predictive component perceived behavioural control

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=25.338$ $df=32$ $P=0.792$	0.121

*Dependent variable: Condom use.

IVM attitude and subjective norms

The combined effect of attitude and subjective norms on condom use was appraised using Logistic Regression Model. The variability explained by this model was very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=83.511$; $df=49$; $P=0.002$). This therefore implies that the combined effect of attitude and subjective norms significantly ($P<0.05$) predicts condom use with an Explanatory Power (EP) / Predictive Power of 26.7% (Cox & Snell R Square=0.436). The positive sign of Beta (B) indicates that the better the combined effect of attitude and subjective norms, the more migrants use condom. The hypothesis here stated is then accepted based on the combined effect of attitude and subjective norms.

Table 52: Model Fitting Information and Predictive Power for the predictive component combining attitude and subjective norms

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=83.511$ df=49 P=0.002	0.267

*Dependent variable: Condom use.

IVM attitude and self-efficacy

The combined effect of attitude and self-efficacy on condom use was appraised using Logistic Regression Model. The variability explained by this model was very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=108.353$; df=71; P=0.003). This therefore implies that the combined effect of attitude and self-efficacy significantly (P<0.05) predicts condom use with an Explanatory Power (EP) / Predictive Power of 33.2% (Cox & Snell R Square=0.513). The positive sign of Beta (B) indicates that the better the combined effect of attitude and self-efficacy, the more migrants use condom. The hypothesis here stated is then accepted based on the combined effect of attitude and self-efficacy.

Table 53: Model Fitting Information and Predictive Power for the predictive component combining attitude and self-efficacy

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=108.353$ df=71 P=0.003	0.332

*Dependent variable: Condom use.

IVM attitude and intention

The combined effect of attitude and intention on condom use was appraised using Logistic Regression Model. The variability explained by this model was very satisfactory

(Omnibus Test of Model Coefficient: $\chi^2=71.882$; $df=42$; $P=0.003$). This therefore implies that the combined effect of attitude and intention significantly ($P<0.05$) predicts condom use with an Explanatory Power (EP) / Predictive Power of 23.4% (Cox & Snell R Square=0.234). The positive sign of Beta (B) indicates that the better the combined effect of attitude and intention, the more migrants use condom. The hypothesis here stated is then accepted based on the combined effect of attitude and intention.

Table 54: Model Fitting Information and Predictive Power for the predictive component combining attitude and intention

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=71.882$ $df=42$ $P=0.003$	0.234

*Dependent variable: Condom use.

IVM subjective norms and self-efficacy

The combined effect of subjective norms and self-efficacy on condom use was appraised using Logistic Regression Model. The variability explained by this model was not satisfactory (Omnibus Test of Model Coefficient: $\chi^2=43.019$; $df=42$; $P=0.427$). This therefore implies that the combined effect of subjective norms and self-efficacy does not significantly ($P>0.05$) predicts condom use but the effect, though not significant (consistent across variability), was perceptible with an Explanatory Power (EP) / Predictive Power of 14.8% (Cox & Snell R Square=0.148). The positive sign of Beta (B) indicates that the better the combined effect of subjective norms and self-efficacy, the more migrants use condom though this influence was not significant. The hypothesis here stated is then rejected based on the combined effect of subjective norms and self-efficacy.

Table 55: Model Fitting Information and Predictive Power for the predictive component combining the effect of subjective norms and self-efficacy

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=43.019$ df=42 P=0.427	0.148

*Dependent variable: Condom use.

IVM subjective norms and intention

The combined effect of subjective norms and intention on condom use was appraised using Logistic Regression Model. The variability explained by this model was not very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=20.657$; df=13; P=0.080). This therefore implies that the combined effect of subjective norms and intention does not significantly ($P>0.05$) predict condom use though this effect was lightly perceptible with an Explanatory Power (EP) / Predictive Power of 7.4% (Cox & Snell R Square=0.074). The positive sign of Beta (B) indicates that the better the combined effect of subjective norms and intention, the more migrants use condom though this influence is not significant. The hypothesis here stated is then rejected based on the combined effect of subjective norms and intention.

Table 56: Model Fitting Information and Predictive Power for the predictive component combining the effect of subjective norms and intention

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=20.657$ df=13 P=0.080	0.074

*Dependent variable: Condom use.

IVM self-efficacy and intention

The combined effect of self-efficacy and intention on condom use was appraised using Logistic Regression Model. The variability explained by this model was not very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=34.379$; $df=35$; $P=0.498$). This therefore implies that the combined effect of self-efficacy and intention does not significantly ($P>0.05$) predict condom use though this effect was lightly perceptible with an Explanatory Power (EP) / Predictive Power of 12.0% (Cox & Snell R Square=0.120). The positive sign of Beta (B) indicates that the better the combined effect of self-efficacy and intention, the more migrants use condom though this influence is not significant. The hypothesis here stated is then rejected based on the combined effect of self-efficacy and intention.

Table 57: Model Fitting Information and Predictive Power for the predictive component combining self-efficacy and intention

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=34.379$ $df=35$ $P=0.498$	0.120

*Dependent variable: Condom use.

IVM attitude, subjective norms and self-efficacy

The combined effect of attitude, subjective norms and self-efficacy on condom use was appraised using Logistic Regression Model. The variability explained by this model was very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=141.248$; $df=81$; $P=0.000$). This therefore implies that the combined effect of attitude, subjective norms and self-efficacy significantly ($P<0.05$) predicts condom use with an Explanatory Power (EP) / Predictive Power of 40.8% (Cox & Snell R Square=0.408). The positive sign of Beta (B) indicates that the better the combined effect of attitude, subjective norms and self-efficacy, the more

migrants use condom. The hypothesis here stated is then accepted based on the combined effect of attitude, subjective norms and self-efficacy.

Table 58: Model Fitting Information and Predictive Power for the predictive component combining attitude, subjective norms and self-efficacy

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=141.248$ df=81 P=0.000	0.408

*Dependent variable: Condom use.

IVM attitude, subjective norms, self-efficacy and intention

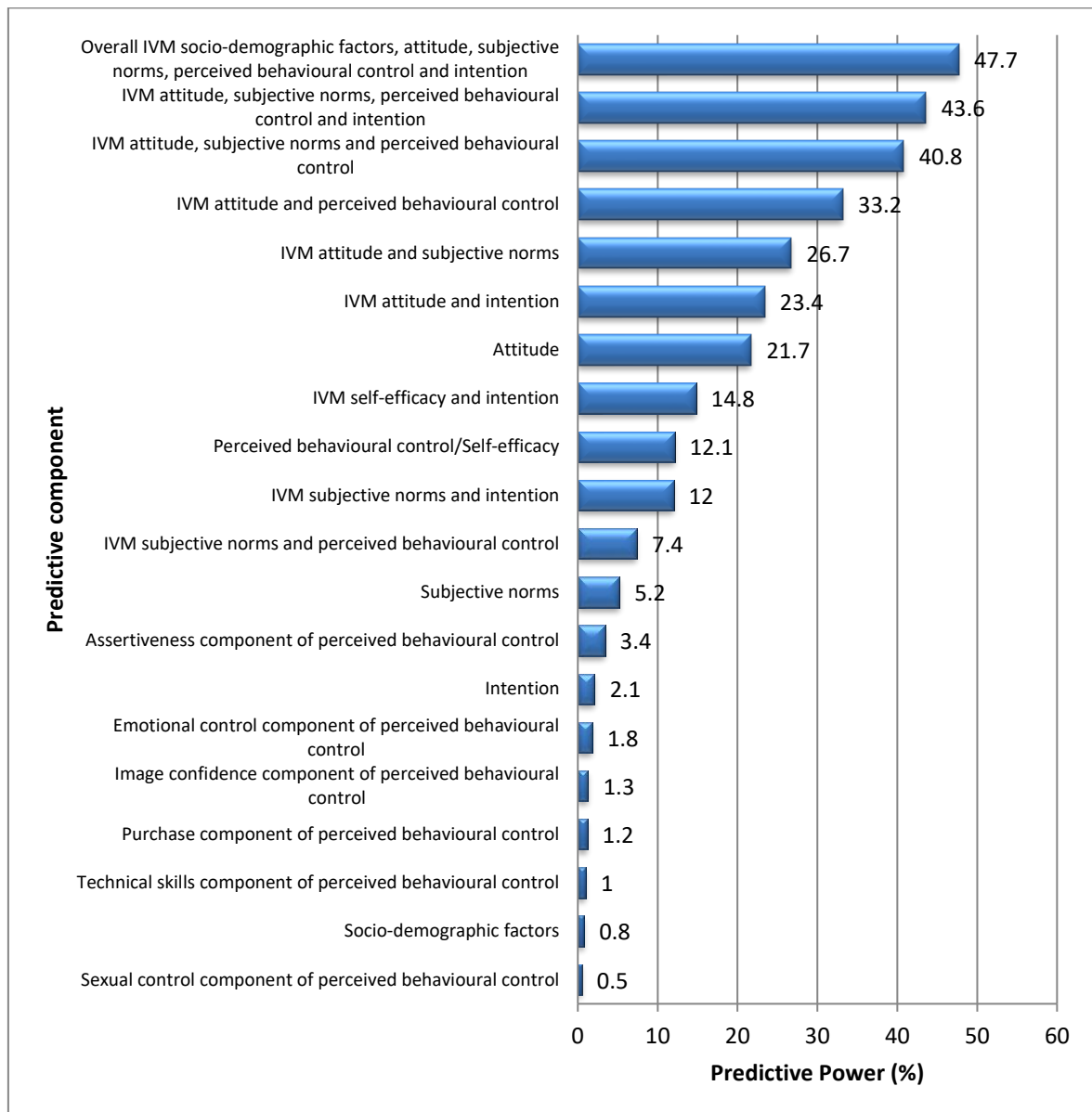
The combined effect of attitude, subjective norms, self-efficacy and intention on condom use was appraised using Logistic Regression Model. The variability explained by this model was very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=153.890$; df=84; P=0.000). This implies that the combined effect of attitude, subjective norms, self-efficacy and intention significantly (P<0.05) predicts condom use with an Explanatory Power (EP) / Predictive Power of 43.6% (Cox & Snell R Square=0.436). The positive sign of Beta (B) indicates that the better the combined effect of attitude, subjective norms, self-efficacy and intention, the more migrants use condom. The hypothesis here stated is then accepted based on the combined effect of attitude, subjective norms, self-efficacy and intention.

Table 59: Model Fitting Information and Predictive Power for the predictive component combining attitude, subjective norms, intention and self-efficacy

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=153.890$ df=84 P=0.000	0.436

*Dependent variable: Condom use.

Figure 15: Model Fitting Information and Predictive Power of independent models and IVM



The predictive effect was significant only for attitude or attitude in interaction with other predictive components; however, the general trend of these models is that the more they tend towards negative perception, the more condom use except for intention that is like playing more a moderating role given the very low Explanatory Power.

Table 60: Model Fitting Information and Predictive Power of independent models and IVM

Model	% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell	Comment
Socio-demographic characteristics	100%	$\chi^2=2.098$ df=4 P=0.718	0.008 (0.8%)	
Attitude	100%	$\chi^2=65.935$ df=39 P=0.004	0.217 (21.7%)	Attitude is a significant predictor here but instead had a negative effect on the use of condom
Subjective norms	100%	$\chi^2=14.348$ df=10 P=0.158	0.052 (5.2%)	
Intention	100%	$\chi^2=5.662$ df=3 P=0.129	0.021 (2.1%)	
Technical skills component of perceived behavioural control	100%	$\chi^2=2.592$ df=6 P=0.858	0.010 (1.0%)	
Image confidence component of perceived behavioural control	100%	$\chi^2=3.627$ df=6 P=0.727	0.013 (1.3%)	
Emotional control component of perceived behavioural control	100%	$\chi^2=5.021$ df=5 P=0.413	0.018 (1.8%)	
Purchase component of perceived behavioural control	100%	$\chi^2=3.188$ df=5 P=0.671	0.012 (1.2%)	
Assertiveness component of perceived behavioural control	100%	$\chi^2=9.175$ df=6 P=0.164	0.034 (3.4%)	
Sexual control component of perceived behavioural control	100%	$\chi^2=1.439$ df=4 P=0.837	0.005 (0.5%)	
Perceived behavioural control/Self-efficacy	100%	$\chi^2=25.338$ df=32 P=0.792	0.121 (12.1%)	
IVM attitude and subjective norms	100%	$\chi^2=83.511$ df=49 P=0.002	0.267 (26.7%)	When controlled by other predictive components, the influence of attitude is still significant. We have seen above that the trend of the significant indicators under behavioural control still portrait a negative outcome. Intention was somehow silent which mean that the effect of attitude simply took the lead over intention. This could also explain the trend of the other IVM that include attitude whereby attitude still seems
IVM attitude and perceived behavioural control	100%	$\chi^2=108.353$ df=71 P=0.003	0.332 (33.2%)	
IVM attitude and intention	100%	$\chi^2=71.882$ df=42 P=0.003	0.234 (23.4%)	

Model	% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell	Comment
IVM attitude and socio-demographic factors	100%	$\chi^2=88.343$ df=54 P=0.002	0.280 (28.0%)	to determine the trend of the behavioural outcome whereby the more negative the attitude the more the condom use, which paradox was generally and across the predictive indicators that significantly determine condom use explained by the youth factor, as the younger one though having a negative attitude towards condom use it more. The weighting effect of socio-demographic factors on attitude is clear here as the Predictive Power of attitude rises from 21.7% to 28.0%. The effect of socio-demographic factor that was almost null is better expressed here when used to control attitude.
IVM perceived behavioural control and intention	100%	$\chi^2=43.019$ df=42 P=0.427	0.148 (14.8%)	
IVM subjective norms and perceived behavioural control	100%	$\chi^2=20.657$ df=13 P=0.080	0.074 (7.4%)	
IVM subjective norms and intention	100%	$\chi^2=34.379$ df=35 P=0.498	0.120 (12.0%)	
IVM attitude, subjective norms and perceived behavioural control	100%	$\chi^2=141.248$ df=81 P=0.000	0.408 (40.8%)	
IVM (Combined effect of attitude, subjective norms, perceived behavioural control and intention)	100%	$\chi^2=153.890$ df=84 P=0.000	0.436 (43.6%)	
Overall IVM (Combined effect of attitude, subjective norms, perceived behavioural control and intention and socio-demographic characteristics)	100%	$\chi^2=174.395$ df=89 P=0.000	0.477 (47.7%)	

*Dependent variable: Condom use.

5.4.2 Research question two: Can attitudes, subjective norms, and perceived behavioural control (self-efficacy) predict the male condom use intentions of youth migrants in South Africa?

It was explained earlier that considering the most obvious predictor of intention, that is *“If you have sex with a casual partner over the next 2 months, do you intend to use a condom?”*, roughly half of the migrants had positive intention towards condom use with proportion of 50.2% (228). This predictor is used as the outcome variable in testing the hypothesis related to this research question.

5.4.2.1 Research hypothesis two: Attitudes, subjective norms and perceived behavioural control (self-efficacy) predict the male condom use intentions of youth migrants in South Africa.

In this modelling, the dependent variable considered is *“If you have sex with a casual partner over the next 2 months, do you intend to use a condom?”* The category undecided was filtered out as to consider only those that took tangible stance, that is agree or disagree thus making up a subset sample of 379. This was also conducive for Binary Logistics Regression.

Demographic characteristics

The demographic characteristic of youth migrants on condom use intention was appraised using Logistic Regression Model. The variability explained by this model was significant (Omnibus Test of Model Coefficient: $\chi^2=35.910$; $df=5$; $P=0.000$). This therefore implies that demographic characteristics of youth migrants significantly ($P<0.05$) predict condom use intention with an Explanatory Power (EP) / Predictive Power of 9.0% (Cox & Snell R Square=0.09).

Table 61: Model Fitting Information and Predictive Power for the predictive component the combined effect of subjective norms and self-efficacy

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=35.910$ df=5 P=0.000	0.09

*Dependent variable: Condom use intention.

One of the indicators of demographic characteristics significantly predicts condom use which is relational status though this relationship is not significant with Wald statistics.

Table 62: Wald statistics depicting the predictive effect of individual predictors of demographic characteristics on condom use intention controlled for each other

Demographic indicators	B	S.E.	Wald	df	Sig.
Education	.268	.162	2.735	1	.098
gender	-.262	.222	1.396	1	.237
Length of stay in S.A.	.298	.097	9.406	1	.002
Relational status	-.609	.172	12.519	1	.000
Age	-.578	.264	4.801	1	.028

It was seen earlier when describing migrants' intention towards condom use that migrants' intention towards condom use was dependent of length of stay in S.A. whereby those that had stayed the least were the most positive with weight of 55.5%.

It was also dependent of relational status whereby the married were the least positive with weight of 35.8% and the separated, divorced and widowed the most positive with weight of 71.2%.

Those who had stayed the least were more positive with the highest weight of 55.5% as compared to 25.5% and 28.7% for those that had stayed 6-10 years and 11 years and above though this difference was not significant.

When controlled for each other, age also emerged as a significant predictor whereby the younger ones (18-25%) had negative intention more than the older ones with proportions of 41.1% (117) and 36.0% (388) respectively.

Influence of attitude on condom use intention

Attitude: The effect of attitude on condom use intention was appraised using Logistic Regression Model. The variability explained by this model was very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=172.295$; $df=39$; $P=0.000$). This therefore implies that attitude significantly ($P<0.05$) predicts condom use intention with an Explanatory Power (EP) / Predictive Power of 36.5% (Cox & Snell R Square=0.365). Generally, the more positive the attitude towards condom use, the more positive migrants' intention to use condom. The hypothesis here stated is then accepted based on attitude.

Table 63: Model Fitting Information and Predictive Power for the predictive component attitude

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=172.295$ $df=39$ $P=0.000$	0.365

*Dependent variable: Condom use intention.

Considering the effect of predictors independently, 28 of them out of 39 significantly predicted condom use intention. But when controlled for each other as depicted by Wald statistics, 7 of the predictive indicators of attitude significantly predicted condom use intention which are:

- *“Condoms are pleasant to use”;*
- *“I see the use of a condom as adding to the excitement of foreplay if the female” partner helps the male put it in place”;*
- *“There is no reason why a woman should be embarrassed to suggest a condom”;*

- “I see no reason to be embarrassed using condoms”;
- “I would be comfortable suggesting that my partner and I use a condom”;
- “Women think men who use condoms are foolish and ill-mannered”;
- “The idea of using a condom doesn't appeal to me”.

The association was positive for the five predictive indicators that are conceptually positively oriented and negative for the two that are conceptually negatively oriented (Women think men who use condoms are foolish and ill-mannered and the idea of using a condom doesn't appeal to me). This therefore implies that the more positive the perceptions of migrants with respect to these predictive indicators, the more positive their intention to use condom.

Table 64: Association between the perception *that condoms are pleasant to use* and condom use intention

<i>“Condoms are pleasant to use”</i>	Stats	Condom use intention			Total
		Agree	Neither agree or disagree	Disagree	
Agree	n	142	46	59	247
	%	57.5%	18.6%	23.9%	100.0%
Neither agree or disagree	n	39	9	27	75
	%	52.0%	12.0%	36.0%	100.0%
Disagree	n	47	20	65	132
	%	35.6%	15.2%	49.2%	100.0%
Total	n	228	75	151	454
	%	50.2%	16.5%	33.3%	100.0%

Table 65: Association between the perception *that “I see the use of a condom as adding to the excitement of foreplay if the female partner helps the male put it in place”* and condom use intention

<i>“I see the use of a condom as adding to the excitement of foreplay if the female partner helps the male put it in place”</i>	Stats	Condom use intention			Total
		Agree	Neither agree or disagree	Disagree	
Agree	n	124	49	70	243
	%	51.0%	20.2%	28.8%	100.0%
Neither agree or disagree	n	52	9	32	93
	%	55.9%	9.7%	34.4%	100.0%
Disagree	n	52	17	49	118
	%	44.1%	14.4%	41.5%	100.0%
Total	n	228	75	151	454
	%	50.2%	16.5%	33.3%	100.0%

Table 66: Association between the perception that “there is no reason why a woman should be embarrassed to suggest a condom” and condom use intention

<i>“There is no reason why a woman should be embarrassed to suggest a condom”</i>	Stats	If you have sex with a casual partner over the next 2 months, do you intend to use a condom?			Total
		Agree	Neither agree or disagree	Disagree	
Agree	n	145	26	36	207
	%	70.0%	12.6%	17.4%	100.0%
Neither agree or disagree	n	36	25	20	81
	%	44.4%	30.9%	24.7%	100.0%
Disagree	n	47	24	95	166
	%	28.3%	14.5%	57.2%	100.0%
Total	n	228	75	151	454
	%	50.2%	16.5%	33.3%	100.0%

Table 67: Association between “I see no reason to be embarrassed by the use of condoms” and condoms use intention

<i>“I see no reason to be embarrassed by the use of condoms”</i>	Stats	Condom use intention			Total
		Agree	Neither agree or disagree	Disagree	
Agree	n	98	26	35	159
	%	61.6%	16.4%	22.0%	100.0%
Neither agree or disagree	n	52	14	19	85
	%	61.2%	16.5%	22.4%	100.0%
Disagree	n	78	35	97	210
	%	37.1%	16.7%	46.2%	100.0%
Total	n	228	75	151	454
	%	50.2%	16.5%	33.3%	100.0%

Table 68: Association between “I would be comfortable suggesting that my partner and I use a condom” and condoms use intention

<i>“I would be comfortable suggesting that my partner and I use a condom”</i>	Stats	Condom use intention			Total
		Agree	Neither agree or disagree	Disagree	
Agree	n	150	26	36	212
	%	70.8%	12.3%	17.0%	100.0%
Neither agree or disagree	n	30	11	22	63
	%	47.6%	17.5%	34.9%	100.0%
Disagree	n	48	38	93	179
	%	26.8%	21.2%	52.0%	100.0%
Total	n	228	75	151	454
	%	50.2%	16.5%	33.3%	100.0%

Table 69: Association between “*Women think men who use condoms are foolish and ill-mannered*” and condoms use intention

<i>“Women think men who use condoms are foolish and ill-mannered”</i>	Stats	Condom use intention			Total
		Agree	Neither agree or disagree	Disagree	
Agree	n	115	42	86	243
	%	47.3%	17.3%	35.4%	100.0%
Neither agree or disagree	n	53	13	23	89
	%	59.6%	14.6%	25.8%	100.0%
Disagree	n	60	20	42	122
	%	49.2%	16.4%	34.4%	100.0%
Total	n	228	75	151	454
	%	50.2%	16.5%	33.3%	100.0%

Table 70: Association between “*the idea of using a condom doesn't appeal to me*” and condoms use intention

<i>“The idea of using a condom doesn't appeal to me”</i>	Stats	Condom use intention			Total
		Agree	Neither agree or disagree	Disagree	
Agree	n	109	40	71	220
	%	49.5%	18.2%	32.3%	100.0%
Neither agree or disagree	n	70	8	25	103
	%	68.0%	7.8%	24.3%	100.0%
Disagree	n	49	27	55	131
	%	37.4%	20.6%	42.0%	100.0%
Total	n	228	75	151	454
	%	50.2%	16.5%	33.3%	100.0%

Table 71: Predictive effect of individual predictors of attitude towards condom use on condom use intention

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>"In my opinion, condoms are too much trouble"</i>	7.559	1	.006
<i>"Condoms are unreliable"</i>	9.087	1	.003
<i>"Condoms are pleasant to use"</i>	24.551	1	.000
<i>"The neatness of condoms, for example, no wet spot on the bed, makes them attractive"</i>	7.313	1	.007
<i>"I see the use of a condom as adding to the excitement of foreplay if the female partner helps the male put it in place"</i>	3.950	1	.047
<i>"I would be willing to try a condom, even if I have never used one before"</i>	22.492	1	.000
<i>"There is no reason why a woman should be embarrassed to suggest a condom"</i>	72.670	1	.000
<i>"Women think men who use condoms show concern and caring"</i>	43.576	1	.000
<i>"I intend to try condoms"</i>	39.115	1	.000
<i>"I think proper use of a condom can enhance sexual pleasures"</i>	12.339	1	.000
<i>"Many people make use of the condom as an erotic part of foreplay"</i>	2.682	1	.101
<i>"All things considered, condoms seem safer to me than any other form of contraception except abstinence"</i>	40.381	1	.000
<i>"I just don't like the idea of using condoms"</i>	.160	1	.689
<i>"I think condoms look ridiculous"</i>	1.413	1	.235
<i>"Condoms are inconvenient"</i>	.079	1	.779
<i>"I see no reason to be embarrassed by the use of condoms"</i>	28.183	1	.000
<i>"Condoms are uncomfortable"</i>	5.604	1	.018
<i>"Using a condom makes sex unenjoyable"</i>	3.001	1	.083
<i>"I would avoid using condoms if at all possible"</i>	5.672	1	.017
<i>"I would be comfortable suggesting that my partner and I use a condom"</i>	72.823	1	.000
<i>"Condoms ruin the sex act"</i>	22.479	1	.000
<i>"Condoms are uncomfortable for both partners"</i>	15.963	1	.000
<i>"Women think men who use condoms are foolish and ill mannered"</i>	.313	1	.576
<i>"The idea of using a condom doesn't appeal to me"</i>	3.165	1	.075
<i>"Use of the condom is an interruption of foreplay"</i>	3.706	1	.054
<i>"What to do with a condom after use is a real problem"</i>	.131	1	.718
<i>"The thought of using a condom is disgusting"</i>	.004	1	.949
<i>"Having to stop to put on a condom takes all the romance out of sex"</i>	6.113	1	.013
<i>"Most women don't like for their partners to use condoms"</i>	32.402	1	.000
<i>"I don't think condoms interfere with the enjoyment of sex"</i>	21.853	1	.000
<i>"There is no way that using a condom can be pleasant"</i>	7.551	1	.006
<i>"Using a condom requires taking time out of foreplay, which interrupts the pleasure of sex"</i>	6.165	1	.013
<i>"I think condoms are an excellent means of contraception"</i>	20.511	1	.000
<i>"Condoms seem unreliable"</i>	1.238	1	.266
<i>"There is no reason why a man should be embarrassed to suggest using a condom"</i>	29.738	1	.000
<i>"To most women, a man who uses a condom is sexier than one who leaves protection up to the woman"</i>	10.224	1	.001
<i>"The condom is a highly satisfactory form of contraception"</i>	17.083	1	.000
<i>"I would have no objection if my partner suggested that we use a condom"</i>	21.126	1	.000
<i>"The skillful woman can make placing a condom a highly erotic experience"</i>	19.983	1	.000

Table 72: Wald statistics depicting the predictive effect of individual predictors of attitude towards condom use on condom use intention controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>"In my opinion, condoms are too much trouble"</i>	-.071	.254	.079	1	.779
<i>"Condoms are unreliable"</i>	.030	.251	.014	1	.905
<i>"Condoms are pleasant to use"</i>	.471	.235	4.025	1	.045
<i>"The neatness of condoms, for example, no wet spot on the bed, makes them attractive"</i>	-.330	.267	1.522	1	.217
<i>"I see the use of a condom as adding to the excitement of foreplay if the female partner helps the male put it in place"</i>	.668	.286	5.442	1	.020
<i>"I would be willing to try a condom, even if I have never used one before"</i>	.062	.279	.049	1	.825
<i>"There is no reason why a woman should be embarrassed to suggest a condom"</i>	.663	.266	6.214	1	.013
<i>"Women think men who use condoms show concern and caring"</i>	.065	.270	.058	1	.810
<i>"I intend to try condoms"</i>	.189	.264	.512	1	.474
<i>"I think proper use of a condom can enhance sexual pleasures"</i>	-.030	.234	.016	1	.898
<i>"Many people make use of the condom as an erotic part of foreplay"</i>	-.356	.242	2.164	1	.141
<i>"All things considered, condoms seem safer to me than any other form of contraception except abstinence"</i>	.428	.226	3.595	1	.058
<i>"I just don't like the idea of using condoms"</i>	-.073	.230	.101	1	.750
<i>"I think condoms look ridiculous"</i>	.286	.232	1.521	1	.217
<i>"Condoms are inconvenient"</i>	-.500	.260	3.684	1	.055
<i>"I see no reason to be embarrassed by the use of condoms"</i>	.553	.248	4.992	1	.025
<i>"Condoms are uncomfortable"</i>	-.049	.312	.025	1	.876
<i>"Using a condom makes sex unenjoyably"</i>	-.409	.269	2.306	1	.129
<i>"I would avoid using condoms if at all possible"</i>	.199	.240	.685	1	.408
<i>"I would be comfortable suggesting that my partner and I use a condom"</i>	.576	.237	5.894	1	.015
<i>"Condoms ruin the sex act"</i>	.078	.265	.087	1	.769
<i>"Condoms are uncomfortable for both partners"</i>	.085	.269	.099	1	.753
<i>"Women think men who use condoms are foolish and ill mannered"</i>	-.831	.245	11.466	1	.001
<i>"The idea of using a condom doesn't appeal to me"</i>	-.607	.273	4.963	1	.026
<i>"Use of the condom is an interruption of foreplay"</i>	-.153	.257	.352	1	.553
<i>"What to do with a condom after use is a real problem"</i>	.047	.250	.035	1	.851
<i>"The thought of using a condom is disgusting"</i>	.075	.253	.087	1	.768
<i>"Having to stop to put on a condom takes all the romance out of sex"</i>	.153	.245	.389	1	.533
<i>"Most women don't like for their partners to use condoms"</i>	.295	.252	1.369	1	.242
<i>"I don't think condoms interfere with the enjoyment of sex"</i>	.178	.243	.540	1	.463
<i>"There is no way that using a condom can be pleasant"</i>	.028	.257	.012	1	.914
<i>"Using a condom requires taking time out of foreplay, which interrupts the pleasure of sex"</i>	-.357	.259	1.904	1	.168
<i>"I think condoms are an excellent means of contraception"</i>	.239	.229	1.097	1	.295
<i>"Condoms seem unreliable"</i>	-.362	.249	2.119	1	.145
<i>"There is no reason why a man should be embarrassed to suggest using a condom"</i>	.353	.245	2.080	1	.149
<i>"To most women, a man who uses a condom is sexier than one who leaves protection up to the woman"</i>	-.048	.218	.048	1	.826
<i>"The condom is a highly satisfactory form of contraception"</i>	.329	.225	2.141	1	.143
<i>"I would have no objection if my partner suggested that we use a condom"</i>	-.467	.281	2.767	1	.096
<i>"The skillful woman can make placing a condom a highly erotic experience"</i>	.455	.274	2.765	1	.096

Subjective norms

The effect of subjective norms on condom use intention was appraised using Logistic Regression Model. The variability explained by this model was very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=137.502$; $df=10$; $P=0.000$). This therefore implies that subjective norms significantly ($P<0.05$) predicts condom use intention with an Explanatory Power (EP) / Predictive Power of 30.4% (Cox & Snell R Square=0.304). Generally, the more positive the subjective norms towards condom use, the more positive migrants' intention to use condom. The hypothesis here stated is then accepted based on subjective norms.

Table 73: Model Fitting Information and Predictive Power for the predictive component subjective norms

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=137.502$ $df=10$ $P=0.000$	0.304

*Dependent variable: Condom use intention.

Considering the effect of predictors independently, all the 10 significantly predicted condom use intention. But when controlled for each other as depicted by Wald statistics, 2 of the predictive indicators of subjective norms significantly predicted condom use intention which are:

- *“Most people who are important to me would think it is important to use a condom in my next sexual encounter”, and*
- *“Thinking of my friends and peers. I think they would think that using a condom in my next sexual encounter is a good thing to do”.*

These associations are positive thus implying that the more positive the perceptions, the more positive the intention to use condom.

Table 74: Association between the perception that “most people who are important to me would think it is important to use a condom in my next sexual encounter” and condoms use intention

<i>“Most people who are important to me would think it is important to use a condom in my next sexual encounter”</i>	Stats	Condom use intention			Total
		Agree	Neither agree or disagree	Disagree	
Agree	n	151	26	29	206
	%	73.3%	12.6%	14.1%	100.0%
Neither agree or disagree	n	24	18	20	62
	%	38.7%	29.0%	32.3%	100.0%
Disagree	n	53	31	102	186
	%	28.5%	16.7%	54.8%	100.0%
Total	n	228	75	151	454
	%	50.2%	16.5%	33.3%	100.0%

Table 75: Association between the perception that “thinking of my friends and peers. I think they would think that using a condom in my next sexual encounter is a good thing to do” and condoms use intention

<i>“Thinking of my friends and peers. I think they would think that using a condom in my next sexual encounter is a good thing to do”</i>	Stats	Condom use intention			Total
		Agree	Neither agree or disagree	Disagree	
Agree	n	159	31	29	219
	%	72.6%	14.2%	13.2%	100.0%
Neither agree or disagree	n	31	8	21	60
	%	51.7%	13.3%	35.0%	100.0%
Disagree	n	38	36	101	175
	%	21.7%	20.6%	57.7%	100.0%
Total	n	228	75	151	454
	%	50.2%	16.5%	33.3%	100.0%

Table 76: Predictive effect of individual predictors of subjective norms related to condom use on condom use intention

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>“Most people who are important to me would think it is important to use a condom in my next sexual encounter”</i>	86.140	1	.000
<i>“Most people who are important to me think that condom use is desirable”</i>	59.945	1	.000
<i>“Most others who are important to me think that I should use a condom in my next sexual encounter”</i>	42.625	1	.000
<i>“Thinking of my friends and peers. I think they would think that using a condom in my next sexual encounter is a good thing to do”</i>	108.986	1	.000
<i>“Thinking of my parents, family. I think that they would think that using a condom in my next sexual encounter is a good thing to do”</i>	93.822	1	.000
<i>“Many people from my church (pastor and congregation mates) would think that using a condom in my next sexual encounter is a good thing to do”</i>	62.768	1	.000
<i>“Many of my friends would use a condom in their sexual encounter”</i>	42.692	1	.000
<i>“Thinking of my friends and peers. I think many of them would use a condom in their sexual encounter”</i>	27.485	1	.000
<i>“My attitudes and beliefs, are similar to that of my friends and peers”</i>	30.871	1	.000
<i>“Thinking of who I am. Being a member of my group of friends and peers and having their approval is very important to me”</i>	10.606	1	.001
<i>“Most people who are important to me would think it is important to use a condom in my next sexual encounter”</i>	86.140	1	.000

Table: Wald statistics depicting the predictive effect of individual predictors of subjective norms related to condom use on condom use intention controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>“Most people who are important to me would think it is important to use a condom in my next sexual encounter”</i>	.645	.238	7.348	1	.007
<i>“Most people who are important to me think that condom use is desirable”</i>	.120	.235	.261	1	.610
<i>“Most others who are important to me think that I should use a condom in my next sexual encounter”</i>	-.345	.224	2.379	1	.123
<i>“Thinking of my friends and peers. I think they would think that using a condom in my next sexual encounter is a good thing to do”</i>	.707	.229	9.517	1	.002
<i>“Thinking of my parents, family. I think that they would think that using a condom in my next sexual encounter is a good thing to do”</i>	.203	.249	.665	1	.415
<i>“Many people from my church (pastor and congregation mates) would think that using a condom in my next sexual encounter is a good thing to do”</i>	.272	.209	1.704	1	.192
<i>“Many of my friends would use a condom in their sexual encounter”</i>	.050	.210	.057	1	.812
<i>“Thinking of my friends and peers. I think many of them would use a condom in their sexual encounter”</i>	.037	.219	.028	1	.867
<i>“My attitudes and beliefs, are similar to that of my friends and peers”</i>	.143	.213	.453	1	.501
<i>“Thinking of who I am. Being a member of my group of friends and peers and having their approval is very important to me”</i>	-.011	.192	.003	1	.954

Perceived behavioural control (self-efficacy)

Technical skills: The effect of technical skills component of perceived behavioural control on condom use intention was appraised using Logistic Regression Model. The variability explained by this model was very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=74.807$; $df=6$; $P=0.000$). This therefore implies that technical skills of perceived behavioural control significantly ($P<0.05$) predicts condom use intention with an Explanatory Power (EP) / Predictive Power of 17.9% (Cox & Snell R Square=0.179). Generally, the more positive the technical skills of perceived behavioural control, the more positive migrants' intention to use condom. The hypothesis here stated is then accepted based on technical skills of perceived behavioural control.

Table 77: Model Fitting Information and Predictive Power for the predictive component technical skills of perceived behavioural control

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=74.807$ $df=6$ $P=0.000$	0.179

*Dependent variable: Condom use intention.

Considering the effect of predictors independently, all the 6 significantly predicted condom use intention. But when controlled for each other as depicted by Wald statistics, 2 of the predictive indicators of technical skills of perceived behavioural control significantly predicted condom used intention which are:

- “*I feel confident in my ability to put on a condom to myself or my partner*”, and
- “*I think I am able to put on a condom quickly*”.

These associations are positive thus implying that the more positive the perceptions, the more positive the intention to use condom.

Table 78: Association between the perception that *“I feel confident in my ability to put on a condom to myself or my partner”* and condoms use intention

<i>“I feel confident in my ability to put on a condom to myself or my partner”</i>	Stats	Condom use intention			Total
		Agree	Neither agree or disagree	Disagree	
Agree	n	147	28	45	220
	%	66.8%	12.7%	20.5%	100.0%
Neither agree or disagree	n	36	21	21	78
	%	46.2%	26.9%	26.9%	100.0%
Disagree	n	45	26	85	156
	%	28.8%	16.7%	54.5%	100.0%
Total	n	228	75	151	454
	%	50.2%	16.5%	33.3%	100.0%

Table 79: Association between the perception that *“I think I am able to put on a condom quickly”* and condoms use intention

<i>“I think I am able to put on a condom quickly”</i>	Stats	Condom use intention			Total
		Agree	Neither agree or disagree	Disagree	
Agree	n	145	21	45	211
	%	68.7%	10.0%	21.3%	100.0%
Neither agree or disagree	n	41	16	28	85
	%	48.2%	18.8%	32.9%	100.0%
Disagree	n	42	38	78	158
	%	26.6%	24.1%	49.4%	100.0%
Total	n	228	75	151	454
	%	50.2%	16.5%	33.3%	100.0%

Table 80: Predictive effect of individual predictors of technical skills of perceived behavioural control related to condom use on condom use intention

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>“I feel confident in my ability to put on a condom to myself or my partner”</i>	56.007	1	.000
<i>“I would be capable of using a condom efficiently”</i>	50.708	1	.000
<i>“I think I would be able to remove a condom easily”</i>	38.889	1	.000
<i>“Putting on a condom would make me feel uncomfortable”</i>	28.529	1	.000
<i>“I think I am able to put on a condom quickly”</i>	52.070	1	.000
<i>“I would be able to get condoms out of a condom machine in a pub or dance without any problem”</i>	22.494	1	.000

Table 81: Wald statistics depicting the predictive effect of individual predictors of technical skills of perceived behavioural control related to condom use on condom use intention controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>"I feel confident in my ability to put on a condom to myself or my partner"</i>	.475	.199	5.677	1	.017
<i>"I would be capable of using a condom efficiently"</i>	.254	.222	1.318	1	.251
<i>"I think I would be able to remove a condom easily"</i>	-.030	.195	.024	1	.876
<i>"Putting on a condom would make me feel uncomfortable"</i>	.249	.161	2.391	1	.122
<i>"I think I am able to put on a condom quickly"</i>	.391	.193	4.102	1	.043
<i>"I would be able to get condoms out of a condom machine in a pub or dance without any problem"</i>	-.001	.170	.000	1	.993

Image confidence: The effect of the image confidence component of perceived behavioural control on condom use intention was appraised using Logistic Regression Model. The variability explained by this model was very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=54.379$; $df=6$; $P=0.000$). This therefore implies that image confidence component of perceived behavioural control significantly ($P<0.05$) predicts condom use intention with an Explanatory Power (EP) / Predictive Power of 13.4% (Cox & Snell R Square=0.134). The positive sign of Beta (B) indicates that the better the image confidence component of perceived behavioural control, the more positive migrants' intention to use condom. The hypothesis here stated is then accepted based on image confidence component of perceived behavioural control.

Table 82: Model Fitting Information and Predictive Power for the predictive component image confidence component of perceived behavioural control

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=54.379$ $df=6$ $P=0.000$	0.134

*Dependent variable: Condom use intention.

Considering the effect of predictors independently, 2 of the 6 significantly predicted condom use intention. When controlled for each other as depicted by Wald statistics, the very 2 of the predictive indicators of image confidence component of perceived behavioural control significantly predicted condom use intention which are:

- *“I would not dare to propose condom use to a new partner because this might suggest my partner has an STD”, and*
- *“I think I could propose condom use without causing my partner feel as if he or she was ill”.*

The association was positive thus implying that the more positive the perceptions, the more positive the intention to use condom.

Table 83: Association between the perception that *“I would not dare to propose condom use to a new partner because this might suggest my partner has an STD”* and condoms use intention

<i>“I would not dare to propose condom use to a new partner because this might suggest my partner has an STD”</i>	Stats	Condom use intention			Total
		Agree	Neither agree or disagree	Disagree	
Agree	n	136	21	79	236
	%	57.6%	8.9%	33.5%	100.0%
Neither agree or disagree	n	47	12	25	84
	%	56.0%	14.3%	29.8%	100.0%
Disagree	n	45	42	47	134
	%	33.6%	31.3%	35.1%	100.0%
Total	n	228	75	151	454
	%	136	21	79	236

Table 84: Association between the perception that “*I think I could propose condom use without causing my partner feel as if he or she were ill*”, and condoms use intention

<i>“I think I could propose condom use without causing my partner feel as if he or she were ill”</i>	Stats	Condom use intention			Total
		Agree	Neither agree or disagree	Disagree	
Agree	n	115	23	45	183
	%	62.8%	12.6%	24.6%	100.0%
Neither agree or disagree	n	58	12	24	94
	%	61.7%	12.8%	25.5%	100.0%
Disagree	n	55	40	82	177
	%	31.1%	22.6%	46.3%	100.0%
Total	n	228	75	151	454
	%	50.2%	16.5%	33.3%	100.0%

Table 85: Predictive effect of individual predictors of image confidence component of perceived behavioural control related to condom use on condom use intention

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>“I would not dare to propose condom use to a new partner because this might suggest my partner has an STD”</i>	4.517	1	.034
<i>“I would not dare to propose condom use to a new partner because this might suggest I have an STD”</i>	.255	1	.614
<i>“I would not dare to propose condom use because this might suggest I have slept with several partners”</i>	.038	1	.844
<i>“I think I could propose condom use without causing my partner feel as if he or she were ill”</i>	30.078	1	.000
<i>“If I were to propose condom use, I would be afraid to be rejected”</i>	.000	1	.986
<i>“I would not dare to propose condom use to a new partner because this might suggest homosexual experiences”</i>	.680	1	.409

Table 86: Wald statistics depicting the predictive effect of individual predictors of image confidence component of perceived behavioural control related to condom use on condom use intention controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>"I would not dare to propose condom use to a new partner because this might suggest my partner has an STD"</i>	-.565	.205	7.617	1	.006
<i>"I would not dare to propose condom use to a new partner because this might suggest I have an STD"</i>	-.255	.240	1.132	1	.287
<i>"I would not dare to propose condom use because this might suggest I have slept with several partners"</i>	-.372	.207	3.246	1	.072
<i>"I think I could propose condom use without causing my partner feel as if he or she were ill"</i>	1.017	.166	37.472	1	.000
<i>"If I were to propose condom use, I would be afraid to be rejected"</i>	-.237	.225	1.109	1	.292
<i>"I would not dare to propose condom use to a new partner because this might suggest homosexual experiences"</i>	-.275	.198	1.929	1	.165

Emotional control: The effect of the emotional control component of perceived behavioural control on condom use intention was appraised using Logistic Regression Model. The variability explained by this model was very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=60.240$; $df=5$; $P=0.000$). This therefore implies that the emotional control component of perceived behavioural control significantly ($P<0.05$) predicts condom use intention with an Explanatory Power (EP) / Predictive Power of 14.7% (Cox & Snell R Square=0.147). Generally, the better the emotional control component of perceived behavioural control, the more positive migrants' intention to use condom. The hypothesis here stated is then accepted based on the emotional control component of perceived behavioural control.

Table 87: Model Fitting Information and Predictive Power for the predictive component image confidence component of the emotional control component of perceived behavioural control

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=60.240$ df=5 P=0.000	0.147

*Dependent variable: Condom use intention.

Considering the effect of predictors independently, 4 of the 5 significantly predicted condom use intention. When controlled for each other as depicted by Wald statistics, 2 of the predictive indicators of the emotional control component of perceived behavioural control significantly predicted condom use intention which are:

- *“Even if I would be very much in love, I would think of using a condom when I have sex with my partner for the first time”, and*
- *“If I would have sex with my partner for the first time, I would hardly be able to wait until the condom has been put on”.*

These associations are positive thus implying that the more positive the perceptions, the more positive the intention to use condom.

Table 88: Association between the perception *that even “if I would be very much in love, I would think of using a condom when I have sex with my partner for the first time”* and condoms use intention

<i>“Even if I would be very much in love, I would think of using a condom when I have sex with my partner for the first time”</i>	Stats	Condom use intention			Total
		Agree	Neither agree or disagree	Disagree	
Agree	n	121	21	41	183
	%	66.1%	11.5%	22.4%	100.0%
Neither agree or disagree	n	55	15	13	83
	%	66.3%	18.1%	15.7%	100.0%
Disagree	n	52	39	97	188
	%	27.7%	20.7%	51.6%	100.0%
Total	n	228	75	151	454
	%	50.2%	16.5%	33.3%	100.0%

Table 89: Association between the perception that “if I would have sex with my partner for the first time, I would hardly be able to wait until the condom has been put on” and condoms use intention

<i>“If I would have sex with my partner for the first time, I would hardly be able to wait until the condom has been put on”</i>	Stats	Condom use intention			Total
		Agree	Neither agree or disagree	Disagree	
Agree	n	117	18	63	198
	%	59.1%	9.1%	31.8%	100.0%
Neither agree or disagree	n	44	26	23	93
	%	47.3%	28.0%	24.7%	100.0%
Disagree	n	67	31	65	163
	%	41.1%	19.0%	39.9%	100.0%
Total	n	228	75	151	454
	%	50.2%	16.5%	33.3%	100.0%

Table 90: Predictive effect of individual predictors of the emotional control component of perceived behavioural control related to condom use on condom use intention

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>“None of us has got a condom, so we would have to buy one. In that case I think I would have sex without a condom”</i>	2.608	1	.106
<i>“If I would have sex unexpectedly I would forget to use a condom”</i>	26.459	1	.000
<i>“If I would be drunk a little, I would not be able to stop making love to put on a condom first”</i>	18.193	1	.000
<i>“Even if I would be very much in love, I would think of using a condom when I have sex with my partner for the first time”</i>	50.285	1	.000
<i>“If I would have sex with my partner for the first time, I would hardly be able to wait until the condom has been put on”</i>	6.086	1	.014

Table 91: Wald statistics depicting the predictive effect of individual predictors of the emotional component of perceived behavioural control related to condom use on condom use intention controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>“None of us has got a condom, so we would have to buy one. In that case I think I would have sex without a condom”</i>	.178	.143	1.551	1	.213
<i>“If I would have sex unexpectedly I would forget to use a condom”</i>	.226	.186	1.483	1	.223
<i>“If I would be drunk a little, I would not be able to stop making love to put on a condom first”</i>	-.013	.193	.004	1	.948
<i>“Even if I would be very much in love, I would think of using a condom when I have sex with my partner for the first time”</i>	.986	.182	29.264	1	.000
<i>“If I would have sex with my partner for the first time, I would hardly be able to wait until the condom has been put on”</i>	-.448	.176	6.478	1	.011

Purchase: The effect of the purchase component of perceived behavioural control on condom use intention was appraised using Logistic Regression Model. The variability explained by this model was very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=100.739$; $df=5$; $P=0.000$). This therefore implies that the purchase component of perceived behavioural control significantly ($P<0.05$) predicts condom use intention with an Explanatory Power (EP) / Predictive Power of 23.3% (Cox & Snell R Square=0.233). Generally, the better the purchase component of perceived behavioural control, the more positive migrants’ intention to use condom. The hypothesis here stated is then accepted based on the purchase component of perceived behavioural control.

Table 92: Model Fitting Information and Predictive Power for the purchase component of perceived behavioural control

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=100.739$ $df=5$ $P=0.000$	0.233

*Dependent variable: Condom use intention.

Considering the effect of predictors independently, all the 5 significantly predicted condom use intention. When controlled for each other as depicted by Wald statistics, 2 of the predictive indicators of the purchase component of perceived behavioural control significantly predicted condom used which are:

- *“I can get condoms whenever I want without difficulty”* and
- *“I wouldn’t mind buying condoms in a department store”*.

These associations are positive thus implying that the more positive the perceptions, the more positive the intention to use condom.

Table 93: Association between the perception that *“I can get condoms whenever I want without difficulty”* and condoms use intention

<i>“I can get condoms whenever I want without difficulty”</i>	Stats	Condom use intention			Total
		Agree	Neither agree or disagree	Disagree	
Agree	n	160	24	48	232
	%	69.0%	10.3%	20.7%	100.0%
Neither agree or disagree	n	39	14	16	69
	%	56.5%	20.3%	23.2%	100.0%
Disagree	n	29	37	87	153
	%	19.0%	24.2%	56.9%	100.0%
Total	n	228	75	151	454
	%	50.2%	16.5%	33.3%	100.0%

Table 94: Association between the perception that *“I wouldn’t mind buying condoms in a department store”* and condoms use intention

<i>“I wouldn’t mind buying condoms in a department store”</i>	Stats	Condom use intention			Total
		Agree	Neither agree or disagree	Disagree	
Agree	n	148	35	47	230
	%	64.3%	15.2%	20.4%	100.0%
Neither agree or disagree	n	54	12	17	83
	%	65.1%	14.5%	20.5%	100.0%
Disagree	n	26	28	87	141
	%	18.4%	19.9%	61.7%	100.0%
Total	n	228	75	151	454
	%	50.2%	16.5%	33.3%	100.0%

Table 95: Predictive effect of individual predictors of the purchase component of perceived behavioural control related to condom use on condom use intention

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>"I can get condoms whenever I want without difficulty"</i>	79.160	1	.000
<i>"I wouldn't mind buying condoms in a department store"</i>	75.909	1	.000
<i>"I would feel uncomfortable if I'd carry condoms with me"</i>	23.619	1	.000
<i>"I find purchasing condoms at a pharmacist embarrassing"</i>	4.495	1	.034
<i>"I dare to get condoms out of a condom machine in a pub or dance without any problem"</i>	7.649	1	.006

Table 96: Wald statistics depicting the predictive effect of individual predictors of the purchase component of perceived behavioural control related to condom use on condom use intention controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>"I can get condoms whenever I want without difficulty"</i>	.707	.188	14.173	1	.000
<i>"I wouldn't mind buying condoms in a department store"</i>	.783	.196	15.889	1	.000
<i>"I would feel uncomfortable if I'd carry condoms with me"</i>	.238	.191	1.543	1	.214
<i>"I find purchasing condoms at a pharmacist embarrassing"</i>	-.207	.194	1.143	1	.285
<i>"I dare to get condoms out of a condom machine in a pub or dance without any problem"</i>	-.326	.191	2.904	1	.088

Assertiveness: The effect of the assertiveness component of perceived behavioural control on condom use intention was appraised using Logistic Regression Model. The variability explained by this model was very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=125.294$; $df=6$; $P=0.000$). This therefore implies that the assertiveness component of perceived behavioural control significantly ($P<0.05$) predicts condom use intention with an Explanatory Power (EP) / Predictive Power of 28.2% (Cox & Snell R Square=0.282). Generally, the better the assertiveness component of perceived behavioural control, the more positive migrants' intention to use condom. The hypothesis here stated is then accepted based on the assertiveness component of perceived behavioural control.

Table 97: Model Fitting Information and Predictive Power for the assertiveness component of perceived behavioural control

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=125.294$ df=6 P=0.000	0.282

*Dependent variable: Condom use intention.

Considering the effect of predictors independently, 5 of the 6 significantly predicted condom use intention. When controlled for each other as depicted by Wald statistics, all the predictive indicators of the assertiveness component of perceived behavioural control significantly predicted condom use intention which are:

- *“I feel able to convince my partner to use a condom when we have sex together”;*
- *“If my partner wouldn’t want to use a condom, I could easily convince him/her of its necessity”;*
- *“I would not propose using a condom if I didn’t know how my partner feels about condom use”;*
- *“None of us has got a condom, so we would have to buy one. In that case I think I would have sex without a condom”;*
- *“I think I could propose condom use without causing my partner feel as if he or she were ill”, and*
- *“I see myself as capable of buying condoms at a duty pharmacist during the evening”.*

The associations were positive thus implying that the more positive the perceptions, the more positive the intention to use condom. This logic applies to the negative associations weighted by the negative conceptual orientation of the predictive indicators concerned.

Table 98: Association between the perception that “I feel able to convince my partner to use a condom when we have sex together” and condom use intention

<i>“I feel able to convince my partner to use a condom when we have sex together”</i>	Stats	Condom use intention			Total
		Agree	Neither agree or disagree	Disagree	
Agree	n	116	25	41	182
	%	63.7%	13.7%	22.5%	100.0%
Neither agree or disagree	n	57	14	8	79
	%	72.2%	17.7%	10.1%	100.0%
Disagree	n	55	36	102	193
	%	28.5%	18.7%	52.8%	100.0%
Total	n	228	75	151	454
	%	50.2%	16.5%	33.3%	100.0%

Table 99: Association between the perception “if my partner wouldn’t want to use a condom”, “I could easily convince him/her of its necessity” and condom use intention

<i>“If my partner wouldn’t want to use a condom, I could easily convince him/her of its necessity”</i>	Stats	Condom use intention			Total
		Agree	Neither agree or disagree	Disagree	
Agree	n	119	23	41	183
	%	65.0%	12.6%	22.4%	100.0%
Neither agree or disagree	n	58	27	19	104
	%	55.8%	26.0%	18.3%	100.0%
Disagree	n	51	25	91	167
	%	30.5%	15.0%	54.5%	100.0%
Total	n	228	75	151	454
	%	50.2%	16.5%	33.3%	100.0%

Table 100: Association between the perception “I would not propose using a condom if I didn’t know how my partner feels about condom use” and condom use intention

<i>“I would not propose using a condom if I didn’t know how my partner feels about condom use”</i>	Stats	Condom use intention			Total
		Agree	Neither agree or disagree	Disagree	
Agree	n	113	33	71	217
	%	52.1%	15.2%	32.7%	100.0%
Neither agree or disagree	n	58	27	21	106
	%	54.7%	25.5%	19.8%	100.0%
Disagree	n	57	15	59	131
	%	43.5%	11.5%	45.0%	100.0%
Total	n	228	75	151	454
	%	50.2%	16.5%	33.3%	100.0%

Table 101: Association between the perception that “none of us has got a condom, so we would have to buy one”. In that case “I think I would have sex without a condom” and condom use intention

<i>“None of us has got a condom, so we would have to buy one. In that case I think I would have sex without a condom”</i>	Stats	Condom use intention			Total
		Agree	Neither agree or disagree	Disagree	
Agree	n	121	38	82	241
	%	50.2%	15.8%	34.0%	100.0%
Neither agree or disagree	n	54	13	22	89
	%	60.7%	14.6%	24.7%	100.0%
Disagree	n	53	24	47	124
	%	42.7%	19.4%	37.9%	100.0%
Total	n	228	75	151	454
	%	50.2%	16.5%	33.3%	100.0%

Table 102: Association between the perception that “I think I could propose condom use without causing my partner feel as if he or she were ill” and condom use intention

<i>“I think I could propose condom use without causing my partner feel as if he or she were ill”</i>	Stats	Condom use intention			Total
		Agree	Neither agree or disagree	Disagree	
Agree	n	120	22	35	177
	%	67.8%	12.4%	19.8%	100.0%
Neither agree or disagree	n	44	16	17	77
	%	57.1%	20.8%	22.1%	100.0%
Disagree	n	64	37	99	200
	%	32.0%	18.5%	49.5%	100.0%
Total	n	228	75	151	454
	%	50.2%	16.5%	33.3%	100.0%

Table 103: Association between the perception that “I see myself as capable of buying condoms at a duty pharmacist during the evening” and condom use intention

<i>“I see myself as capable of buying condoms at a duty pharmacist during the evening”</i>	Stats	Condom use intention			Total
		Agree	Neither agree or disagree	Disagree	
Agree	n	149	22	39	210
	%	71.0%	10.5%	18.6%	100.0%
Neither agree or disagree	n	30	14	19	63
	%	47.6%	22.2%	30.2%	100.0%
Disagree	n	49	39	93	181
	%	27.1%	21.5%	51.4%	100.0%
Total	n	228	75	151	454
	%	50.2%	16.5%	33.3%	100.0%

Table 104: Predictive effect of individual predictors of the assertiveness component of perceived behavioural control related to condom use on condom use

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>"I feel able to convince my partner to use a condom when we have sex together"</i>	49.442	1	.000
<i>"If my partner wouldn't want to use a condom, I could easily convince him/her of its necessity"</i>	45.285	1	.000
<i>"I would not propose using a condom if I didn't know how my partner feels about condom use"</i>	3.302	1	.048
<i>"None of us has got a condom, so we would have to buy one. In that case I think I would have sex without a condom"</i>	.553	1	.457
<i>"I think I could propose condom use without causing my partner feel as if he or she were ill"</i>	48.547	1	.000
<i>"I see myself as capable of buying condoms at a duty pharmacist during the evening"</i>	67.277	1	.000

Table 105e: Wald statistics depicting the predictive effect of individual predictors of the assertiveness component of perceived behavioural control related to condom use on condom use controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>"I feel able to convince my partner to use a condom when we have sex together"</i>	.397	.187	4.494	1	.034
<i>"If my partner wouldn't want to use a condom, I could easily convince him/her of its necessity"</i>	.530	.209	6.421	1	.011
<i>"I would not propose using a condom if I didn't know how my partner feels about condom use"</i>	-.387	.199	3.798	1	.049
<i>"None of us has got a condom, so we would have to buy one. In that case I think I would have sex without a condom"</i>	-.461	.193	5.687	1	.017
<i>"I think I could propose condom use without causing my partner feel as if he or she were ill"</i>	.666	.185	13.001	1	.000
<i>"I see myself as capable of buying condoms at a duty pharmacist during the evening"</i>	.799	.137	33.902	1	.000

Sexual control: The effect of the sexual control component of perceived behavioural control on condom use intention was appraised using Logistic Regression Model. The variability explained by this model was very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=71.649$; $df=4$; $P=0.000$). This therefore implies that the sexual control component of perceived behavioural control significantly ($P<0.05$) predicts condom use intention with an

Explanatory Power (EP) / Predictive Power of 17.2% (Cox & Snell R Square=0.172).

Generally, the better the sexual control component of perceived behavioural control, the more positive migrants' intention to use condom. The hypothesis here stated is then accepted based on the sexual control component of perceived behavioural control.

Table 106: Model Fitting Information and Predictive Power for the predictive component the sexual control component of perceived behavioural control

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=71.649$ df=4 P=0.000	0.172

*Dependent variable: Condom use intention.

Considering the effect of predictors independently, all the 4 significantly predicted condom use intention. When controlled for each other as depicted by Wald statistics, 3 the predictive indicators of the sexual control component of perceived behavioural control significantly predicted condom use intention which are:

- . *“I feel able to use a condom together with my partner without breaking the mood”*;
- *“If my partner would carry a condom I would certainly manage to use one”*, and
- *“I feel I am able to integrate putting on a condom into the foreplay”*.

These associations are positive thus implying that the more positive the perceptions, the more positive the intention to use condom.

Table 107: Association between the perception that “I feel able to use a condom together with my partner without breaking the mood” and condom use intention

<i>“I feel able to use a condom together with my partner without breaking the mood”</i>	Stats	Condom use intention			Total
		Agree	Neither agree or disagree	Disagree	
Agree	n	129	23	42	194
	%	66.5%	11.9%	21.6%	100.0%
Neither agree or disagree	n	53	10	14	77
	%	68.8%	13.0%	18.2%	100.0%
Disagree	n	46	42	95	183
	%	25.1%	23.0%	51.9%	100.0%
Total	n	228	75	151	454
	%	50.2%	16.5%	33.3%	100.0%

Table 108: Association between the perception “if my partner would carry a condom I would certainly manage to use one” and condom use intention

<i>“If my partner would carry a condom I would certainly manage to use one”</i>	Stats	Condom use intention			Total
		Agree	Neither agree or disagree	Disagree	
Agree	n	103	21	32	156
	%	66.0%	13.5%	20.5%	100.0%
Neither agree or disagree	n	66	16	19	101
	%	65.3%	15.8%	18.8%	100.0%
Disagree	n	59	38	100	197
	%	29.9%	19.3%	50.8%	100.0%
Total	n	228	75	151	454
	%	50.2%	16.5%	33.3%	100.0%

Table 109: Association between the perception “I feel I am able to integrate putting on a condom into the foreplay” and condom use intention

<i>“I feel I am able to integrate putting on a condom into the foreplay”</i>	Stats	Condom use intention			Total
		Agree	Neither agree or disagree	Disagree	
Agree	n	105	36	29	170
	%	61.8%	21.2%	17.1%	100.0%
Neither agree or disagree	n	59	18	29	106
	%	55.7%	17.0%	27.4%	100.0%
Disagree	n	64	21	93	178
	%	36.0%	11.8%	52.2%	100.0%
Total	n	228	75	151	454
	%	50.2%	16.5%	33.3%	100.0%

Table 110: Predictive effect of individual predictors of the sexual control component of perceived behavioural control related to condom use on condom use intention

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>"I feel able to use a condom together with my partner without breaking the mood"</i>	56.849	1	.000
<i>"I think I could use a condom without lessening sexual excitement"</i>	37.932	1	.000
<i>"If my partner would carry a condom I would certainly manage to use one"</i>	48.715	1	.000
<i>"I feel I am able to integrate putting on a condom into the foreplay"</i>	43.321	1	.000

Table 111: Wald statistics depicting the predictive effect of individual predictors of the sexual control component of perceived behavioural control related to condom use on condom use intention controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>"I feel able to use a condom together with my partner without breaking the mood"</i>	.591	.175	11.441	1	.001
<i>"I think I could use a condom without lessening sexual excitement"</i>	-.082	.202	.166	1	.684
<i>"If my partner would carry a condom I would certainly manage to use one"</i>	.383	.195	3.845	1	.047
<i>"I feel I am able to integrate putting on a condom into the foreplay"</i>	.356	.177	4.029	1	.045

Overall self-efficacy: The effect of the self-efficacy or perceived behavioural control on condom use intention was appraised using Logistic Regression Model. The variability explained by this model was very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=210.514$; $df=32$; $P=0.000$). This therefore implies that perceived behavioural control significantly ($P<0.05$) predicts condom use intention with an Explanatory Power (EP) / Predictive Power of 42.6% (Cox & Snell R Square=0.426). Generally, the better the self-efficacy, the more positive migrants' intention to use condom. The hypothesis here stated is then accepted based on self-efficacy or perceived behavioural control.

Table 112: Model Fitting Information and Predictive Power for the predictive component perceived behavioural control

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=210.514$ df=32 P=0.000	0.426

*Dependent variable: Condom use intention.

IVM attitude and subjective norms

The combined effect of attitude and subjective norms on condom use intention was appraised using Logistic Regression Model. The variability explained by this model was very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=217.013$; df=49; P=0.000). This therefore implies that the combined effect of attitude and subjective norms significantly (P<0.05) predicts condom use intention with an Explanatory Power (EP) / Predictive Power of 43.6% (Cox & Snell R Square=0.436). Generally, the better the combined effect of attitude and subjective norms, the more positive migrants' intention to use condom. The hypothesis here stated is then accepted based on the combined effect of attitude and subjective norms.

Table 113: Model Fitting Information and Predictive Power for the predictive component combining the effect of attitude and subjective norms

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=217.013$ df=49 P=0.000	0.436

*Dependent variable: Condom use intention.

IVM attitude and behavioural control self-efficacy

The combined effect of attitude and self-efficacy on condom use intention was appraised using Logistic Regression Model. The variability explained by this model was very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=272.000$; $df=71$; $P=0.000$). This therefore implies that the combined effect of attitude and self-efficacy significantly ($P<0.05$) predicts condom use intention with an Explanatory Power (EP) / Predictive Power of 0.513% (Cox & Snell R Square=0.513). Generally, the better the combined effect of attitude and self-efficacy, the more positive migrants' intention to use condom. The hypothesis here stated is then accepted based on the combined effect of attitude and self-efficacy.

Table 114: Model Fitting Information and Predictive Power for the predictive component combining the effect of attitude and self-efficacy

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=272.000$ $df=71$ $P=0.000$	0.513

*Dependent variable: Condom use intention.

IVM subjective norms and self-efficacy

The combined effect of subjective norms and self-efficacy on condom use intention was appraised using Logistic Regression Model. The variability explained by this model was very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=249.444$; $df=42$; $P=0.000$). This therefore implies that the combined effect of subjective norms and self-efficacy significantly ($P<0.05$) predicts condom use intention with an Explanatory Power (EP) / Predictive Power of 48.2% (Cox & Snell R Square=0.482). Generally, the better the combined effect of subjective norms and self-efficacy, the more positive migrants' intention to use condom.

The hypothesis here stated is then accepted based on the combined effect of subjective norms and self-efficacy.

Table 115: Model Fitting Information and Predictive Power for the predictive component combining the effect of subjective norms and self-efficacy

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=249.444$ df=42 P=0.000	0.482

*Dependent variable: Condom use intention.

IVM attitude, subjective norms and self-efficacy

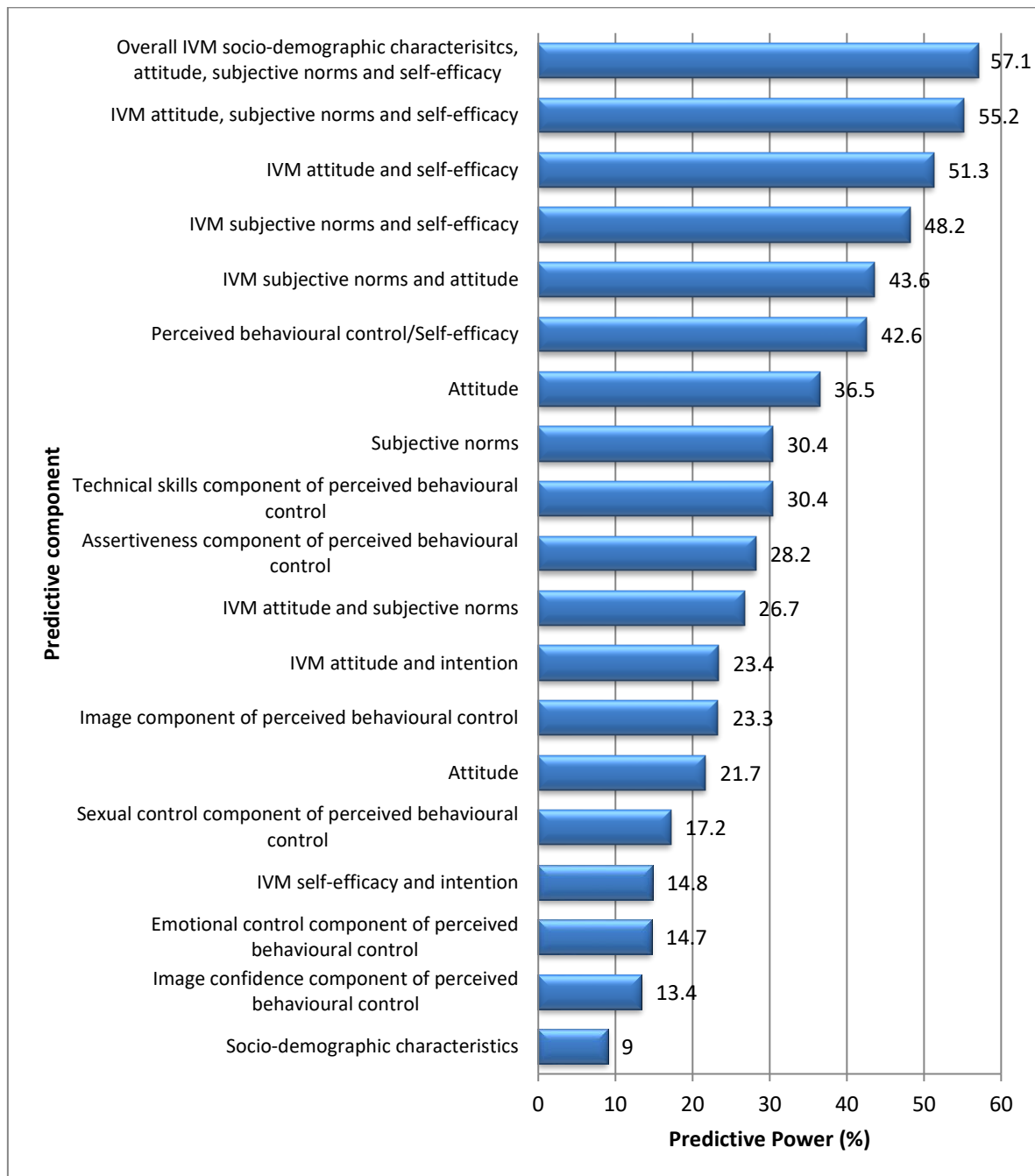
The combined effect of attitude, subjective norms and self-efficacy on condom use intention was appraised using Logistic Regression Model. The variability explained by this model was very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=304.315$; df=81; P=0.000). This therefore implies that the combined effect of attitude, subjective norms and self-efficacy significantly (P<0.05) predicts condom use intention with an Explanatory Power (EP) / Predictive Power of 55.2% (Cox & Snell R Square=0.552). Generally, the better the combined effect of attitude, subjective norms and self-efficacy, the more positive migrants' intention to use condom. The hypothesis here stated is then accepted based on the combined effect of attitude, subjective norms and self-efficacy.

Table 116: Model Fitting Information and Predictive Power for the predictive component combining the effect of attitude, subjective norms and self-efficacy

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=304.315$ df=81 P=0.000	0.552

*Dependent variable: Condom use intention.

Table 117: Model Fitting Information and Predictive Power of independent models and IVM



The Integrated Value Mapping combining attitude, subjective norms and perceived behavioural control the most predicted intention to condom use. It is however worth noting that the effects of all the other predictors were significant.

Table 118: Model Fitting Information and Predictive Power of independent models and IVM

Model	% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
Socio-demographic characteristics	100%	$\chi^2=35.910$ df=5 P=0.000	0.09 (9.0%)
Attitude	100%	$\chi^2=172.295$ df=39 P=0.000	0.365 (36.5%)
Subjective norms	100%	$\chi^2=137.502$ df=10 P=0.000	0.304 (30.4%)
Technical skills component of perceived behavioural control	100%	$\chi^2=74.807$ df=6 P=0.000	0.179 (17.9%)
Image confidence component of perceived behavioural control	100%	$\chi^2=54.379$ df=6 P=0.000	0.134 (13.4%)
Emotional control component of perceived behavioural control	100%	$\chi^2=60.240$ df=5 P=0.000	0.147 (14.7%)
Purchase component of perceived behavioural control	100%	$\chi^2=100.739$ df=5 P=0.000	0.233 (23.3%)
Assertiveness component of perceived behavioural control	100%	$\chi^2=125.294$ df=6 P=0.000	0.282 (28.2%)
Sexual control component of perceived behavioural control	100%	$\chi^2=71.649$ df=4 P=0.000	0.172 (17.2%)
Overall self-efficacy or perceived behavioural control	100%	$\chi^2=210.514$ df=32 P=0.000	0.426 (42.6%)
IVM attitude and subjective norms	100%	$\chi^2=217.013$ df=49 P=0.000	0.436 (43.6%)
IVM attitude and perceived behavioural control	100%	$\chi^2=272.000$ df=71 P=0.000	0.513 (51.3%)
<i>IVM subjective norms and</i> perceived behavioural control	100%	$\chi^2=249.444$ df=42 P=0.000	0.482 (48.2%)
IVM attitude, subjective norms and perceived behavioural control	100%	$\chi^2=304.315$ df=81 P=0.000	0.552 (55.2%)
Overall IVM socio-demographic characteristics, attitude, subjective norms and perceived behavioural control	100%	$\chi^2=320.736$ df=86 P=0.000	0.571 (57.1%)

*Dependent variable: Condom use intention.

5.4.3 Research question three: What is the applicability of the theory of acculturation among youth migrants with respect to attitude, subjective norms, perceived behavioural control and intention?

5.4.3.1 Pan-acculturation

Table 119: Migrants' pan-acculturation perceptions

Items	My country of origin	South African	Both	Neither
<i>"My accent in my native language sounds like people from..."</i>	73.1% (332)	7.3% (33)	11.9% (54)	7.7% (85)
<i>"My accent in English sounds like people from..."</i>	69.8% (317)	14.1% (64)	12.1% (55)	4.0% (18)
<i>"I talk like people from..."</i>	64.3% (292)	13.2% (60)	17.2% (78)	5.3% (24)
<i>"The words I use are from..."</i>	59.5% (270)	10.4% (47)	22.7% (103)	7.5% (34)
<i>"I am very proud of..."</i>	72.0% (307)	8.6% (39)	16.3% (74)	3.1% (14)
<i>"I am excited about being a member of..."</i>	65.6% (298)	10.1% (46)	20.0% (91)	4.2% (19)
<i>"I am very close or attached to..."</i>	59.5% (270)	11.5% (52)	22.0% (100)	7.0% (32)
<i>"My best friends are from..."</i>	32.4% (238)	14.3% (65)	30.4% (138)	2.9% (13)
<i>"The people I see every day are from..."</i>	47.8% (217)	13.2% (60)	37.4% (170)	1.5% (7)
<i>"The people I hang out with are from..."</i>	50.2% (228)	10.8% (49)	36.6% (166)	2.4% (11)
<i>"The foods I eat are from..."</i>	42.7% (194)	8.4% (38)	47.1% (240)	1.8% (8)
<i>"The traditions I follow are from..."</i>	65.6% (298)	6.8% (31)	25.1% (114)	2.4% (11)
<i>"The music I listen to is from..."</i>	41.4% (188)	7.9% (36)	47.4% (215)	3.3% (15)
<i>"The celebrations I go to are from..."</i>	50.0% (227)	6.6% (30)	41.2% (187)	2.2% (10)
<i>"My cultural values and beliefs are from..."</i>	71.6% (325)	4.4% (20)	22.0% (100)	2.0% (9)
<i>"The culture I identify with the most is..."</i>	78.9% (358)	6.4% (29)	11.9% (54)	2.9% (13)
<i>"The culture that influences the way I think and see things is from..."</i>	77.5% (352)	6.2% (28)	13.2% (60)	3.1% (14)
<i>"My religion is from..."</i>	71.1% (323)	8.1% (37)	17.8% (81)	2.9% (13)
<i>"My role models are from..."</i>	58.1% (264)	4.8% (22)	31.3% (142)	5.7% (26)

Table 118 (Continued)

Items	My country of origin	South African	Both	Neither
<i>"My parents are from..."</i>	87.0% (395)	3.5% (16)	7.3% (33)	2.2% (10)
<i>"My relatives are from..."</i>	83.3% (378)	4.6% (21)	10.6% (48)	1.5% (7)
<i>"The people I like to be with are from..."</i>	56.4% (256)	7.7% (35)	29.7% (135)	6.2% (28)
<i>"The people I go to school or work with are from..."</i>	50.0% (227)	10.6% (48)	35.0% (159)	4.4% (20)
MRS	63.0% (6574)	8.7% (906)	24.6% (2571)	3.7% (391)

In aggregate, migrants in their majority are culturally influenced by their country of origin with proportion weight of 63.0%. Those that blend culture from their country of origin and the hosting country made up a proportion weight of 24.6%.

Migrants in their majority hold to their country of origin for the followings:

- *"The accent of their native language";*
- *"The accent in English";*
- *"The way they talk";*
- *"The words they use";*
- *"Pride";*
- *"Excitement about being a member of their country community and";*
- *"Closeness or attachment to their country".*

But for the following indicators, migrants to a reasonable extent blend both cultures:

- *"Choice of friends";*
- *"Daily encounters (The people they see every day)";*
- *"People they hang out with";*
- *"The foods they eat";*
- *"The celebrations they attend";*
- *"Their role models";*
- *"The people they go to school or work with".*

Table 120: Association between socio-demographic indicators and pan-acculturation

Background indicator	Categories	Pan-acculturation		n	Likelihood Ratio
		Low	High		
Highest level of school attained	No schooling and primary	53.8%(35)	46.2%(30)	65	Value=12.693 P=0.002
	Secondary and high school	58.2%(124)	41.8%(89)	213	
	Higher education/Tertiary	40.3%(71)	59.7%(105)	175	
Gender	Male	47.9%(102)	52.1%(111)	213	Value=1.235
	Female	53.1%(128)	46.9%(113)	241	P=0.266
Length of stay	< 10 years	55.8%(201)	44.2%(159)	360	Value=18.978
	10 + years	30.9%(29)	69.1%(65)	94	P=0.000
Relational status	Married	40.2%(43)	59.8%(64)	107	Value=41.100 P=0.000
	Single, dating and engaged	44.4%(112)	55.6%(140)	252	
	Separated, divorced and widowed	78.9%(75)	21.1%(20)	95	
Age	18-25	44.2%(42)	55.8%(53)	95	Value=2.003
	26-35	52.4%(188)	47.6%(224)	359	P=0.157
<i>“Use a condom when having sex in your last sexual encounter”</i>	Yes	64.3%(99)	35.7%(55)	154	Value=6.553
	No	48.7%(56)	51.3%(59)	115	P=0.010

Those that had attained tertiary education were the most acculturated ($P<0.05$), the higher the length of stay the higher the acculturation ($P<0.05$), the married were the most acculturated ($P<0.05$), while the more migrants were acculturated the lesser they use condom, and this positively confounded with their length of stay in S.A as the more they stayed the more acculturated they were and the more they stay, the lesser they use condom.

When controlled for each other, age besides the former ones emerged as significant predictor of pan-African acculturation whereby the younger ones were more acculturated.

The overall effect of socio-demographic factors was significant (Omnibus Test of Model Coefficient: $\chi^2=60.025$; $df=5$; $P=0.000$). This therefore implies that socio-demographic factors significantly ($P<0.05$) predicts pan-acculturation orientations. The Explanatory Power (EP) / Predictive Power was perceptible, 12.4% (Cox & Snell R Square=0.124).

Table 121: Wald statistics depicting the predictive effect of individual predictors of socio-demographic characteristics on pan-African acculturation controlled for each other

	B	S.E.	Wald	df	Sig.
Education2	.357	.150	5.678	1	.017
gender	-.145	.204	.508	1	.476
residence	.373	.088	17.965	1	.000
Relationship2	-.729	.159	21.011	1	.000
Age2	-.684	.251	7.451	1	.006

5.4.3.2 Research hypothesis three: Attitudes, subjective norms, perceived behavioural control (self-efficacy) and intention will predict pan-African acculturation orientation of youth migrants.

Attitude

The effect of attitude on pan-acculturation was appraised using Logistic Regression Model. The variability explained by this model was satisfactory (Omnibus Test of Model Coefficient: $\chi^2=103.651$; $df=39$; $P=0.000$). This therefore implies that attitude significantly ($P<0.05$) predicts pan-acculturation orientations. The Explanatory Power (EP) / Predictive Power was 20.4% (Cox & Snell R Square=0.204). The more positive the attitude towards condom use, the less acculturated the youth migrants and this influence was significant. The hypothesis here stated is then accepted based on attitude.

Table 122: Model Fitting Information and Predictive Power for the predictive component attitude

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R- Square) based on Cox and Snell
100%	$\chi^2=103.651$ df=39 P=0.000	0.204

*Dependent variable: Pan-acculturation.

Considering the Likelihood Ratio test that assessed the predictive effect of individual predictive indicators considered independently, 18 of the 39 indicators significantly predicted pan-acculturation but when controlled for each other using the Wald statistics, two emerged as significant predictors; they were:

- *“I intend to use condom” and*
- *“Condoms are pleasant to use”.*

But only intend to use condom is valued here because it is significant at the level of the bivariate analysis.

The direction of association between *“I intend to use condoms”* and pan-acculturation indicates that those migrants that were still at the stage of intention were less acculturated as compared to those that already developed the culture of condom use.

Table 123: Association between intention to use condom and pan-acculturation

<i>“I intend to try condoms”</i>	Stats	Pan-African acculturation		Total
		Low	High	
Agree	n	113	63	176
	%	64.2%	35.8%	100.0%
Neither agree or disagree	n	67	38	105
	%	63.8%	36.2%	100.0%
Disagree	n	50	123	173
	%	28.9%	71.1%	100.0%
Total	n	230	224	454
	%	50.7%	49.3%	100.0%

Table 124: Predictive effect of individual predictors of attitude towards condom use on sexual activities

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>"In my opinion, condoms are too much trouble"</i>	3.449	1	.063
<i>"Condoms are unreliable"</i>	4.375	1	.036
<i>"Condoms are pleasant to use"</i>	.257	1	.612
<i>"The neatness of condoms, for example, no wet spot on the bed, makes them attractive"</i>	4.030	1	.045
<i>"I see the use of a condom as adding to the excitement of foreplay if the female partner helps the male put it in place"</i>	1.669	1	.196
<i>"I would be willing to try a condom, even if I have never used one before"</i>	23.399	1	.000
<i>"There is no reason why a woman should be embarrassed to suggest a condom"</i>	48.964	1	.000
<i>"Women think men who use condoms show concern and caring"</i>	42.630	1	.000
<i>"I intend to try condoms"</i>	43.332	1	.000
<i>"I think proper use of a condom can enhance sexual pleasures"</i>	4.558	1	.033
<i>"Many people make use of the condom as an erotic part of foreplay"</i>	3.401	1	.065
<i>"All things considered, condoms seem safer to me than any other form of contraception except abstinence"</i>	13.274	1	.000
<i>"I just don't like the idea of using condoms"</i>	.592	1	.442
<i>"I think condoms look ridiculous"</i>	1.815	1	.178
<i>"Condoms are inconvenient"</i>	1.202	1	.273
<i>"I see no reason to be embarrassed by the use of condoms"</i>	21.163	1	.000
<i>"Condoms are uncomfortable"</i>	12.419	1	.000
<i>"Using a condom makes sex unenjoyably"</i>	11.555	1	.001
<i>"I would avoid using condoms if at all possible"</i>	.745	1	.388
<i>"I would be comfortable suggesting that my partner and I use a condom"</i>	26.029	1	.000
<i>"Condoms ruin the sex act"</i>	11.483	1	.001
<i>"Condoms are uncomfortable for both partners"</i>	14.325	1	.000
<i>"Women think men who use condoms are foolish and ill mannered"</i>	2.127	1	.145
<i>"The idea of using a condom doesn't appeal to me"</i>	.114	1	.735
<i>"Use of the condom is an interruption of foreplay"</i>	1.867	1	.172
<i>"What to do with a condom after use is a real problem"</i>	.002	1	.966
<i>"The thought of using a condom is disgusting"</i>	1.777	1	.183
<i>"Having to stop to put on a condom takes all the romance out of sex"</i>	2.947	1	.086
<i>"Most women don't like for their partners to use condoms"</i>	22.234	1	.000
<i>"I don't think condoms interfere with the enjoyment of sex"</i>	8.034	1	.005
<i>"There is no way that using a condom can be pleasant"</i>	4.496	1	.034
<i>"Using a condom requires taking time out of foreplay, which interrupts the pleasure of sex"</i>	11.370	1	.001
<i>"I think condoms are an excellent means of contraception"</i>	1.567	1	.211
<i>"Condoms seem unreliable"</i>	1.362	1	.243
<i>"There is no reason why a man should be embarrassed to suggest using a condom"</i>	7.874	1	.005
<i>"To most women, a man who uses a condom is sexier than one who leaves protection up to the woman"</i>	3.145	1	.076
<i>"The condom is a highly satisfactory form of contraception"</i>	3.826	1	.050
<i>"I would have no objection if my partner suggested that we use a condom"</i>	10.380	1	.001
<i>"The skillful woman can make placing a condom a highly erotic experience"</i>	8.524	1	.004

Table 125: Wald statistics depicting the predictive effect of individual predictors of attitude towards condom use on sexual activities controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>"In my opinion, condoms are too much trouble"</i>	.136	.204	.443	1	.506
<i>"Condoms are unreliable"</i>	-.036	.193	.035	1	.852
<i>"Condoms are pleasant to use"</i>	-.309	.179	2.986	1	.084
<i>"The neatness of condoms, for example, no wet spot on the bed, makes them attractive"</i>	.044	.193	.053	1	.819
<i>"I see the use of a condom as adding to the excitement of foreplay if the female partner helps the male put it in place"</i>	-.182	.206	.783	1	.376
<i>"I would be willing to try a condom, even if I have never used one before"</i>	.145	.198	.535	1	.465
<i>"There is no reason why a woman should be embarrassed to suggest a condom"</i>	.144	.189	.579	1	.447
<i>"Women think men who use condoms show concern and caring"</i>	.112	.197	.323	1	.570
<i>"I intend to try condoms"</i>	.352	.205	2.950	1	.086
<i>"I think proper use of a condom can enhance sexual pleasures"</i>	-.092	.182	.254	1	.614
<i>"Many people make use of the condom as an erotic part of foreplay"</i>	.124	.178	.487	1	.485
<i>"All things considered, condoms seem safer to me than any other form of contraception except abstinence"</i>	.176	.172	1.049	1	.306
<i>"I just don't like the idea of using condoms"</i>	-.243	.176	1.904	1	.168
<i>"I think condoms look ridiculous"</i>	-.269	.184	2.139	1	.144
<i>"Condoms are inconvenient"</i>	-.037	.197	.035	1	.851
<i>"I see no reason to be embarrassed by the use of condoms"</i>	.283	.178	2.516	1	.113
<i>"Condoms are uncomfortable"</i>	.041	.227	.033	1	.856
<i>"Using a condom makes sex unenjoyably"</i>	.174	.200	.754	1	.385
<i>"I would avoid using condoms if at all possible"</i>	-.051	.175	.086	1	.770
<i>"I would be comfortable suggesting that my partner and I use a condom"</i>	.178	.176	1.023	1	.312
<i>"Condoms ruin the sex act"</i>	-.039	.191	.041	1	.840
<i>"Condoms are uncomfortable for both partners"</i>	.309	.205	2.279	1	.131
<i>"Women think men who use condoms are foolish and ill mannered"</i>	-.295	.189	2.455	1	.117
<i>"The idea of using a condom doesn't appeal to me"</i>	-.096	.213	.204	1	.651
<i>"Use of the condom is an interruption of foreplay"</i>	.115	.203	.323	1	.570
<i>"What to do with a condom after use is a real problem"</i>	-.027	.198	.018	1	.892
<i>"The thought of using a condom is disgusting"</i>	-.126	.187	.454	1	.501
<i>"Having to stop to put on a condom takes all the romance out of sex"</i>	.018	.191	.009	1	.925
<i>"Most women don't like for their partners to use condoms"</i>	.266	.195	1.871	1	.171
<i>"I don't think condoms interfere with the enjoyment of sex"</i>	.113	.182	.384	1	.536
<i>"There is no way that using a condom can be pleasant"</i>	.014	.193	.005	1	.944
<i>"Using a condom requires taking time out of foreplay, which interrupts the pleasure of sex"</i>	.086	.199	.187	1	.666
<i>"I think condoms are an excellent means of contraception"</i>	-.186	.186	1.003	1	.317
<i>Condoms seem unreliable"</i>	-.146	.185	.617	1	.432
<i>"There is no reason why a man should be embarrassed to suggest using a condom"</i>	.219	.192	1.293	1	.256
<i>"To most women, a man who uses a condom is sexier than one who leaves protection up to the woman"</i>	-.040	.170	.056	1	.812
<i>The condom is a highly satisfactory form of contraception"</i>	.035	.179	.038	1	.846
<i>"I would have no objection if my partner suggested that we use a condom"</i>	-.058	.210	.075	1	.784
<i>"The skilful woman can make placing a condom a highly erotic experience"</i>	-.029	.205	.020	1	.887

Subjective norms

The effect of subjective norms on pan-acculturation was appraised using Logistic Regression Model. The variability explained by this model was significant (Omnibus Test of Model Coefficient: $\chi^2=50.188$; $df=10$; $P=0.000$). This therefore implies that subjective norms significantly predict pan-acculturation with an Explanatory Power (EP) / Predictive Power of 10.5% (Cox & Snell R Square=0.105). Generally, the more positive the subjective norms towards condom use, the lesser acculturated they are. The hypothesis here stated is then accepted based on subjective norms.

Table 126: Model Fitting Information and Predictive Power for the predictive component subjective norms

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=50.188$ $df=10$ $P=0.000$	0.105

*Dependent variable: pan-acculturation.

Considering the effect of predictors independently, 10 of the 12 significantly predicted pan-African acculturation. When controlled for each other using Wald statistics, only the indicator *“Thinking of my friends and peers. I think they would think that using a condom in my next sexual encounter is a good thing to do”* emerged as a significant predictor and this predictor was also significant at the bivariate analysis, thus can be reckoned upon as a critical predictor. But when controlled for length of stay, this influence is no longer significant but crosstabulation indicates that those that have stayed over a shorted period were more influenced by their peers back home while those that have stayed for a longer period were more influence by local peers. This therefore implies that the lesser the youth migrants have stayed in S.A., the more they are susceptible to the intention of peers back home, and the lesser acculturated they are which is the opposite for those that have stayed

for a longer period. In the other hand, the fact that length of stay considered here as confounder emerged as the sole significant predictor indicates that youth migrants' subjective norms is highly determine by their length of stay in S.A.

Table 127: Association between “Thinking of my friends and peers. I think they would think that using a condom in my next sexual encounter is a good thing to do” and pan-acculturation layered for length of stay in S.A.

Length of stay in S.A				Pan-African acculturation		Total
				Low	High	
<10 years	<i>“Thinking of my friends and peers. I think they would think that using a condom in my next sexual encounter is a good thing to do”</i>	Agree	n	130	60	190
			%	68.4%	31.6%	100.0%
		Neither agree or disagree	n	27	26	53
			%	50.9%	49.1%	100.0%
		Disagree	n	44	73	117
			%	37.6%	62.4%	100.0%
Total	n	201	159	360		
	%	55.8%	44.2%	100.0%		
10 years and above	<i>“Thinking of my friends and peers. I think they would think that using a condom in my next sexual encounter is a good thing to do”</i>	Agree	n	12	17	29
			%	41.4%	58.6%	100.0%
		Neither agree or disagree	n	2	5	7
			%	28.6%	71.4%	100.0%
		Disagree	n	15	43	58
			%	25.9%	74.1%	100.0%
		Total	n	29	65	94
			%	30.9%	69.1%	100.0%
Total	<i>“Thinking of my friends and peers. I think they would think that using a condom in my next sexual encounter is a good thing to do”</i>	Agree	n	142	77	219
			%	64.8%	35.2%	100.0%
		Neither agree or disagree	n	29	31	60
			%	48.3%	51.7%	100.0%
		Disagree	n	59	116	175
			%	33.7%	66.3%	100.0%
		Total	n	230	224	454
			%	50.7%	49.3%	100.0%

Table 128: Predictive effect of individual predictors of subjective norms related to condom use on sexual activities

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>“Most people who are important to me would think it is important to use a condom in my next sexual encounter”</i>	26.468	1	.000
<i>“Most people who are important to me think that condom use is desirable”</i>	19.472	1	.000
<i>“Most others who are important to me think that I should use a condom in my next sexual encounter”</i>	11.875	1	.001
<i>“Thinking of my friends and peers. I think they would think that using a condom in my next sexual encounter is a good thing to do”</i>	37.833	1	.000
<i>“Thinking of my parents, family. I think that they would think that using a condom in my next sexual encounter is a good thing to do”</i>	33.145	1	.000
<i>“Many people from my church (pastor and congregation mates) would think that using a condom in my next sexual encounter is a good thing to do”</i>	5.739	1	.017
<i>“Many of my friends would use a condom in their sexual encounter”</i>	11.742	1	.001
<i>“Thinking of my friends and peers. I think many of them would use a condom in their sexual encounter”</i>	.205	1	.651
<i>“My attitudes and beliefs, are similar to that of my friends and peers”</i>	2.292	1	.130
<i>“Thinking of who I am. Being a member of my group of friends and peers and having their approval is very important to me”</i>	.033	1	.856
<i>“Most people who are important to me would think it is important to use a condom in my next sexual encounter”</i>	26.468	1	.000

Table 129: Wald statistics depicting the predictive effect of individual predictors of subjective norms related to condom use on pan-acculturation controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>“Most people who are important to me would think it is important to use a condom in my next sexual encounter”</i>	.175	.193	.820	1	.365
<i>“Most people who are important to me think that condom use is desirable”</i>	.062	.179	.119	1	.730
<i>“Most others who are important to me think that I should use a condom in my next sexual encounter”</i>	-.013	.170	.006	1	.939
<i>“Thinking of my friends and peers. I think they would think that using a condom in my next sexual encounter is a good thing to do”</i>	.411	.194	4.502	1	.034
<i>“Thinking of my parents, family. I think that they would think that using a condom in my next sexual encounter is a good thing to do”</i>	.298	.220	1.835	1	.176
<i>“Many people from my church (pastor and congregation mates) would think that using a condom in my next sexual encounter is a good thing to do”</i>	-.273	.183	2.238	1	.135
<i>“Many of my friends would use a condom in their sexual encounter”</i>	.226	.172	1.729	1	.189
<i>“Thinking of my friends and peers. I think many of them would use a condom in their sexual encounter”</i>	-.210	.171	1.515	1	.218
<i>“My attitudes and beliefs, are similar to that of my friends and peers”</i>	-.063	.172	.135	1	.713
<i>“Thinking of who I am. Being a member of my group of friends and peers and having their approval is very important to me”</i>	-.042	.153	.076	1	.783

Table 130: Wald statistics depicting the predictive effect of individual predictors of subjective norms related to condom use on pan-acculturation controlled for each other including length of stay

Predictors	B	S.E.	Wald	df	Sig.
<i>"Most people who are important to me would think it is important to use a condom in my next sexual encounter"</i>	.157	.194	.658	1	.417
<i>"Most people who are important to me think that condom use is desirable"</i>	.059	.181	.108	1	.743
<i>"Most others who are important to me think that I should use a condom in my next sexual encounter"</i>	-.005	.173	.001	1	.976
<i>"Thinking of my friends and peers. I think they would think that using a condom in my next sexual encounter is a good thing to do"</i>	.359	.197	3.327	1	.068
<i>"Thinking of my parents, family. I think that they would think that using a condom in my next sexual encounter is a good thing to do"</i>	.283	.222	1.626	1	.202
<i>"Many people from my church (pastor and congregation mates) would think that using a condom in my next sexual encounter is a good thing to do"</i>	-.237	.185	1.647	1	.199
<i>"Many of my friends would use a condom in their sexual encounter"</i>	.219	.174	1.583	1	.208
<i>"Thinking of my friends and peers. I think many of them would use a condom in their sexual encounter"</i>	-.187	.174	1.157	1	.282
<i>"My attitudes and beliefs, are similar to that of my friends and peers"</i>	-.082	.176	.218	1	.641
<i>"Thinking of who I am. Being a member of my group of friends and peers and having their approval is very important to me"</i>	-.040	.155	.067	1	.796
Length of stay in South Africa	.736	.263	7.845	1	.005

Intention

The effect of intention on pan-acculturation was appraised using Logistic Regression Model. The variability explained by this model was significant (Omnibus Test of Model Coefficient: $\chi^2=47.896$; $df=10$; $P=0.000$). This therefore implies that intention significantly predicts pan-acculturation with an Explanatory Power (EP) / Predictive Power of 10.0% (Cox & Snell R Square=0.100). Generally, the more positive the intention towards condom use, the lesser acculturated the migrants. The hypothesis here stated is then accepted based on intention.

Table 131: Model Fitting Information and Predictive Power for the predictive component intention

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=47.896$ $df=3$ $P=0.000$	0.100

*Dependent variable: pan-acculturation.

All the three indicators significantly influence sexual activities. They are:

- *“If you have sex with a casual partner over the next 2 months, do you expect to use a condom?”*
- *“Is it likely that you will use a condom if you have vaginal and/or anal sex with a casual partner in the next 2 months?”*

When controlled for each other, only the first one became significant.

These associations were positive thus implying that those with positive intention towards condom use were more likely to be acculturated.

Table 132: Association between “If you have sex with a casual partner over the next 2 months, do you expect to use a condom?” and Pan-African acculturation

<i>“If you have sex with a casual partner over the next 2 months, do you expect to use a condom?”</i>	Stats	Pan-African acculturation		Total
		Low	High	
Agree	n	132	68	200
	%	66.0%	34.0%	100.0%
Neither agree or disagree	n	41	35	76
	%	53.9%	46.1%	100.0%
Disagree	n	57	121	178
	%	32.0%	68.0%	100.0%
Total	n	230	224	454
	%	50.7%	49.3%	100.0%

Table 133: Predictive effect of individual predictors of intention related to condom use on pan-acculturation

Predictors	Score	df	Sig.
<i>“If you have sex with a casual partner over the next 2 months, do you intend to use a condom?”</i>	27.322	1	.000
<i>“If you have sex with a casual partner over the next 2 months, do you expect to use a condom?”</i>	43.277	1	.000
<i>“Is it likely that you will use a condom if you have vaginal and/or anal sex with a casual partner in the next 2 months?”</i>	34.345	1	.000

Table 134: Wald statistics depicting the predictive effect of individual predictors of intention related to condom use on pan-acculturation controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>“If you have sex with a casual partner over the next 2 months, do you intend to use a condom?”</i>	.081	.155	.274	1	.601
<i>“If you have sex with a casual partner over the next 2 months, do you expect to use a condom?”</i>	.482	.163	8.789	1	.003
<i>“Is it likely that you will use a condom if you have vaginal and/or anal sex with a casual partner in the next 2 months?”</i>	.253	.155	2.673	1	.102

Perceived behavioural control (self-efficacy)

Technical skills: The effect of the technical skills component of perceived behavioural control on pan-acculturation was appraised using Logistic Regression Model. The variability explained by this model was significant (Omnibus Test of Model Coefficient: $\chi^2=52.222$; $df=6$; $P=0.000$). This therefore implies that this predictive component significantly predicts pan-acculturation with an Explanatory Power (EP) / Predictive Power of 10.9% (Cox & Snell R Square=0.109). Generally, the more positive the technical skills components of perceived behavioural control towards condom use, the lesser acculturated the migrants.

Table 135: Model Fitting Information and Predictive Power for the predictive component technical skills of perceived behavioural control

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=52.222$ $df=6$ $P=0.000$	0.109

*Dependent variable: pan-acculturation.

Considering the effect of predictors independently, all of them significantly predicted pan-acculturation.

When controlled for each other, only “*I would be capable of using a condom efficiently*” emerged as a significant predictor.

This could be explained by the fact the migrants that came in had a good knowledge of HIV-AIDS from their culture of origin and endeavor to keep this morality or act upon, and restrain form been assimilated by the host culture or country portrait with a stigmatizing image about HIV-AIDS. This is also supported by what was found under subjective norms as those that had stayed for a shorter period still hold to the opinion or the perceptions of their peers, relative, reference others and social group back-home.

Table 136: Association between “I would be capable of using a condom efficiently” and pan-acculturation

<i>“I would be capable of using a condom efficiently”</i>	Stats	Pan-African acculturation		Total
		Low	High	
Agree	n	123	58	181
	%	68.0%	32.0%	100.0%
Neither agree or disagree	n	50	53	103
	%	48.5%	51.5%	100.0%
Disagree	n	57	113	170
	%	33.5%	66.5%	100.0%
Total	n	230	224	454
	%	50.7%	49.3%	100.0%

Table 137: Predictive effect of individual predictors of technical skills of perceived behavioural control related to condom use on pan-acculturation

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>“I feel confident in my ability to put on a condom to myself or my partner”</i>	27.887	1	.000
<i>“I would be capable of using a condom efficiently”</i>	41.651	1	.000
<i>“I think I would be able to remove a condom easily”</i>	36.081	1	.000
<i>“Putting on a condom would make me feel uncomfortable”</i>	7.004	1	.008
<i>“I think I am able to put on a condom quickly”</i>	29.989	1	.000
<i>“I would be able to get condoms out of a condom machine in a pub or dance without any problem”</i>	17.976	1	.000

Table 138: Wald statistics depicting the predictive effect of individual predictors of technical skills of perceived behavioural control related to condom use on pan-acculturation controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>“I feel confident in my ability to put on a condom to myself or my partner”</i>	-.024	.169	.020	1	.888
<i>“I would be capable of using a condom efficiently”</i>	.434	.180	5.808	1	.016
<i>“I think I would be able to remove a condom easily”</i>	.257	.167	2.378	1	.123
<i>“Putting on a condom would make me feel uncomfortable”</i>	-.191	.147	1.694	1	.193
<i>“I think I am able to put on a condom quickly”</i>	.276	.170	2.636	1	.104
<i>“I would be able to get condoms out of a condom machine in a pub or dance without any problem”</i>	.112	.150	.555	1	.456

Image confidence: The effect of the component image confidence of perceived behavioural

control on pan-acculturation was appraised using Logistic Regression Model. The variability

explained by this model was satisfactory (Omnibus Test of Model Coefficient: $\chi^2=33.124$; $df=6$; $P=0.000$). This therefore implies that component image confidence of perceived behavioural control significantly ($P<0.05$) predicts pan-acculturation though with a weak Explanatory Power (EP) / Predictive Power of 7.0% (Cox & Snell R Square=0.070). The hypothesis here stated is then accepted based on the component image confidence of perceived behavioural control. Generally, the more positive the image confidence components of perceived behavioural control towards condom use, the lesser acculturated the migrants.

Table 139: Model Fitting Information and Predictive Power for the predictive component image confidence of perceived behavioural control

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=33.124$ $df=6$ $P=0.000$	0.070

*Dependent variable: pan-acculturation.

Considering the effect of predictors independently, four of them significantly predicted sexual activities:

- *“I would not dare to propose condom use to a new partner because this might suggest my partner has an STD”*
- *“I would not dare to propose condom use to a new partner because this might suggest I have an STD”;*
- *“I would not dare to propose condom use because this might suggest I have slept with several partners”;*
- *“I think I could propose condom use without causing my partner feel as if he or she were ill”.*

When controlled for each other “I think I could propose condom use without causing my partner feel as if he or she were ill” emerged as the sole significant predictor.

Table 140: Association between “I think I could propose condom use without causing my partner feel as if he or she were ill” and pan-acculturation

<i>“I think I could propose condom use without causing my partner feel as if he or she were ill”</i>	Stats	Pan-African acculturation		Total
		Low	High	
Agree	n	107	76	183
	%	58.5%	41.5%	100.0%
Neither agree or disagree	n	56	38	94
	%	59.6%	40.4%	100.0%
Disagree	n	67	110	177
	%	37.9%	62.1%	100.0%
Total	n	230	224	454
	%	50.7%	49.3%	100.0%

Table 141: Predictive effect of individual predictors of image confidence component of perceived behavioural control related to condom use on pan-acculturation

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>“I would not dare to propose condom use to a new partner because this might suggest my partner has an STD”</i>	5.242	1	.022
<i>“I would not dare to propose condom use to a new partner because this might suggest I have an STD”</i>	.795	1	.373
<i>“I would not dare to propose condom use because this might suggest I have slept with several partners”</i>	1.704	1	.192
<i>“I think I could propose condom use without causing my partner feel as if he or she were ill”</i>	15.185	1	.000
<i>“If I were to propose condom use, I would be afraid to be rejected”</i>	.945	1	.331
<i>“I would not dare to propose condom use to a new partner because this might suggest homosexual experiences”</i>	3.210	1	.073

Table 142: Wald statistics depicting the predictive effect of individual predictors of image confidence component of perceived behavioural control related to condom use on pan-acculturation controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
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<i>"I would not dare to propose condom use to a new partner because this might suggest my partner has an STD"</i>	.310	.163	3.621	1	.057
<i>"I would not dare to propose condom use to a new partner because this might suggest I have an STD"</i>	-.181	.190	.908	1	.341
<i>"I would not dare to propose condom use because this might suggest I have slept with several partners"</i>	.082	.172	.227	1	.634
<i>"I think I could propose condom use without causing my partner feel as if he or she were ill"</i>	.576	.137	17.770	1	.000
<i>"If I were to propose condom use, I would be afraid to be rejected"</i>	-.310	.189	2.690	1	.101
<i>"I would not dare to propose condom use to a new partner because this might suggest homosexual experiences"</i>	-.255	.161	2.512	1	.113

Emotional control: The effect of the emotional control component of perceived behavioural control on sexual activities was appraised using Logistic Regression Model. The variability explained by this model was significant (Omnibus Test of Model Coefficient: $\chi^2=12.045$; $df=5$; $P=0.034$). This therefore implies that this predictive component significantly predicts pan-acculturation with an Explanatory Power (EP) / Predictive Power of 11.7% (Cox & Snell R square=0.117). Generally, the more positive the emotional control components of perceived behavioural control towards condom use, the lesser acculturated the migrants.

Table 143: Model Fitting Information and Predictive Power for the predictive component emotional control of perceived behavioural control

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=56.398$ $df=5$ $P=0.005$	0.117

*Dependent variable: "Pan-acculturation.

Considering the effect of predictors independently, four of them significantly predicted condom use.

- *"If I would have sex unexpectedly I would forget to use a condom";*

- *“If I would be drunk a little, I would not be able to stop making love to put on a condom first”;*
- *“Even if I would be very much in love, I would think of using a condom when I have sex with my partner for the first time” and*
- *“If I would have sex with my partner for the first time, I would hardly be able to wait until the condom has been put on.”*

When controlled for each other three remained significant.

Table 144: Association between *“If I would have sex unexpectedly I would forget to use a condom”* and pan-African acculturation

<i>“If I would have sex unexpectedly I would forget to use a condom”</i>	Stats	Pan-African acculturation		Total
		Low	High	
Agree	n	153	85	238
	%	64.3%	35.7%	100.0%
Neither agree or disagree	n	22	28	50
	%	44.0%	56.0%	100.0%
Disagree	n	55	111	166
	%	33.1%	66.9%	100.0%
Total	n	230	224	454
	%	50.7%	49.3%	100.0%

Table 145: Association between *“If I would be drunk a little, I would not be able to stop making love to put on a condom first”* and pan-African acculturation

<i>“If I would be drunk a little, I would not be able to stop making love to put on a condom first”</i>	Stats	Pan-African acculturation		Total
		Low	High	
Agree	n	147	113	260
	%	56.5%	43.5%	100.0%
Neither agree or disagree	n	25	39	64
	%	39.1%	60.9%	100.0%
Disagree	n	58	72	130
	%	44.6%	55.4%	100.0%
Total	n	230	224	454
	%	50.7%	49.3%	100.0%

Table 146: Association between *“Even if I would be very much in love, I would think of using a condom when I have sex with my partner for the first time”* and pan-African acculturation

<i>“Even if I would be very much in love, I would think of using a condom when I have sex with my partner for the first time”</i>	Stats	Pan-African acculturation		Total
		Low	High	
Agree	n	117	66	183
	%	63.9%	36.1%	100.0%
Neither agree or disagree	n	49	34	83
	%	59.0%	41.0%	100.0%
Disagree	n	64	124	188
	%	34.0%	66.0%	100.0%
Total	n	230	224	454
	%	50.7%	49.3%	100.0%

Table 147: Predictive effect of individual predictors of the emotional control component of perceived behavioural control related to condom use on sexual activities

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>“None of us has got a condom, so we would have to buy one. In that case I think I would have sex without a condom”</i>	.438	1	.508
<i>“If I would have sex unexpectedly I would forget to use a condom”</i>	38.574	1	.000
<i>“If I would be drunk a little, I would not be able to stop making love to put on a condom first”</i>	6.073	1	.014
<i>“Even if I would be very much in love, I would think of using a condom when I have sex with my partner for the first time”</i>	33.261	1	.000
<i>“If I would have sex with my partner for the first time, I would hardly be able to wait until the condom has been put on”</i>	12.358	1	.000

Table 148: Wald statistics depicting the predictive effect of individual predictors of the emotional component of perceived behavioural control related to condom use on sexual activities controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>“None of us has got a condom, so we would have to buy one. In that case I think I would have sex without a condom”</i>	-.157	.125	1.565	1	.211
<i>“If I would have sex unexpectedly I would forget to use a condom”</i>	.710	.166	18.279	1	.000
<i>“If I would be drunk a little, I would not be able to stop making love to put on a condom first”</i>	-.476	.174	7.480	1	.006
<i>“Even if I would be very much in love, I would think of using a condom when I have sex with my partner for the first time”</i>	.400	.153	6.832	1	.009
<i>“If I would have sex with my partner for the first time, I would hardly be able to wait until the condom has been put on”</i>	.109	.149	.534	1	.465

Purchase: The effect of the component purchase of perceived behavioural control on pan-African acculturation was appraised using Logistic Regression Model. The variability explained by this model satisfactory (Omnibus Test of Model Coefficient: $\chi^2=50.803$; $df=5$; $P=0.000$). This therefore implies that component purchase of perceived behavioural control significantly ($P<0.05$) predicts pan-African acculturation of youth migrants with an Explanatory Power (EP) / Predictive Power of 10.6% (Cox & Snell R Square=0.106). The hypothesis here stated is then accepted based on the component purchase of perceived behavioural control. Generally, the more positive this component, the lesser the acculturation.

Table 149: Model Fitting Information and Predictive Power for the predictive component purchase of perceived behavioural control

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=50.803$ $df=5$ $P=0.000$	0.106

*Dependent variable: Pan-acculturation.

Considering the effect of predictors independently, all the five significantly predicted pan-African acculturation but when controlled for each other, only “*I can get condoms whenever I want without difficulty*” emerged as a significant predictor.

Table 150: Association between “*I can get condoms whenever I want without difficulty*” and pan-African acculturation

<i>“I can get condoms whenever I want without difficulty”</i>	Stats	Pan-African acculturation		Total
		Low	High	
Agree	n	152	80	232
	%	65.5%	34.5%	100.0%
Neither agree or disagree	n	33	36	69
	%	47.8%	52.2%	100.0%
Disagree	n	45	108	153
	%	29.4%	70.6%	100.0%
Total	n	230	224	454
	%	50.7%	49.3%	100.0%

Table 151: Predictive effect of individual predictors of the purchase component of perceived behavioural control related to condom use on pan-African acculturation

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>“I can get condoms whenever I want without difficulty”</i>	48.343	1	.000
<i>“I wouldn’t mind buying condoms in a department store”</i>	18.940	1	.000
<i>“I would feel uncomfortable if I’d carry condoms with me”</i>	20.178	1	.000
<i>“I find purchasing condoms at a pharmacist embarrassing”</i>	5.345	1	.021
<i>“I dare to get condoms out of a condom machine in a pub or dance without any problem”</i>	6.377	1	.012

Table 152: Wald statistics depicting the predictive effect of individual predictors of the purchase component of perceived behavioural control related to condom use on pan-African acculturation controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>“I can get condoms whenever I want without difficulty”</i>	.723	.159	20.796	1	.000
<i>“I wouldn’t mind buying condoms in a department store”</i>	-.052	.155	.114	1	.736
<i>“I would feel uncomfortable if I’d carry condoms with me”</i>	.176	.159	1.231	1	.267
<i>“I find purchasing condoms at a pharmacist embarrassing”</i>	-.091	.157	.338	1	.561
<i>“I dare to get condoms out of a condom machine in a pub or dance without any problem”</i>	.023	.148	.024	1	.877

Assertiveness: The effect of the assertiveness component of perceived behavioural control on pan-African acculturation was appraised using Logistic Regression Model. The variability explained by this model was significant (Omnibus Test of Model Coefficient: $\chi^2=45.621$; $df=6$; $P=0.000$). This therefore implies that this predictive component significantly predicts pan-African acculturation with an Explanatory Power (EP) / Predictive Power of 9.6% (Cox & Snell R Square=0.096). The hypothesis here stated is then accepted based on the component purchase of perceived behavioural control. Generally, the more positive this component, the lesser the acculturation.

Table 153: Model Fitting Information and Predictive Power for the predictive component assertiveness of perceived behavioural control

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=45.621$ $df=6$ $P=0.000$	0.096

*Dependent variable: Pan-acculturation.

Considering the effect of predictors independently, five out of the 6 of them significantly predicted pan-acculturation. When controlled for each other, three of them still emerged as significant predictors:

- *“None of us has got a condom, so we would have to buy one. In that case I think I would have sex without a condom”;*
- *“I think I could propose condom use without causing my partner feel as if he or she were ill”;*
- *“I see myself as capable of buying condoms at a duty pharmacist during the evening.”*

Table 154: Association between “None of us has got a condom, so we would have to buy one. In that case I think I would have sex without a condom” and pan-African acculturation

<i>“None of us has got a condom, so we would have to buy one. In that case I think I would have sex without a condom”</i>	Stats	Pan-African acculturation		Total
		Low	High	
Agree	n	124	117	241
	%	51.5%	48.5%	100.0%
Neither agree or disagree	n	44	45	89
	%	49.4%	50.6%	100.0%
Disagree	n	62	62	124
	%	50.0%	50.0%	100.0%
Total	n	230	224	454
	%	50.7%	49.3%	100.0%

Table 155: Association between “I think I could propose condom use without causing my partner feel as if he or she were ill” and pan-African acculturation

<i>“I think I could propose condom use without causing my partner feel as if he or she were ill”</i>	Stats	Pan-African acculturation		Total
		Low	High	
Agree	n	116	61	177
	%	65.5%	34.5%	100.0%
Neither agree or disagree	n	32	45	77
	%	41.6%	58.4%	100.0%
Disagree	n	82	118	200
	%	41.0%	59.0%	100.0%
Total	n	230	224	454
	%	50.7%	49.3%	100.0%

Table 156: Association between “I think I could propose condom use without causing my partner feel as if he or she were ill” and pan-African acculturation

<i>“I see myself as capable of buying condoms at a duty pharmacist during the evening”</i>	Stats	Pan-African acculturation		Total
		Low	High	
Agree	n	135	75	210
	%	64.3%	35.7%	100.0%
Neither agree or disagree	n	20	43	63
	%	31.7%	68.3%	100.0%
Disagree	n	75	106	181
	%	41.4%	58.6%	100.0%
Total	n	230	224	454
	%	50.7%	49.3%	100.0%

Table 157: Predictive effect of individual predictors of the assertiveness component of perceived behavioural control related to condom use on Pan-African acculturation

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>"I feel able to convince my partner to use a condom when we have sex together"</i>	20.269	1	.000
<i>"If my partner wouldn't want to use a condom, I could easily convince him/her of its necessity"</i>	15.584	1	.000
<i>"I would not propose using a condom if I didn't know how my partner feels about condom use"</i>	5.540	1	.019
<i>"None of us has got a condom, so we would have to buy one. In that case I think I would have sex without a condom"</i>	.089	1	.766
<i>"I think I could propose condom use without causing my partner feel as if he or she were ill"</i>	22.185	1	.000
<i>"I see myself as capable of buying condoms at a duty pharmacist during the evening"</i>	21.105	1	.000

Table 158: Wald statistics depicting the predictive effect of individual predictors of the assertiveness component of perceived behavioural control related to condom use on pan-African acculturation controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>"I feel able to convince my partner to use a condom when we have sex together"</i>	.185	.149	1.533	1	.216
<i>"If my partner wouldn't want to use a condom, I could easily convince him/her of its necessity"</i>	.123	.168	.536	1	.464
<i>"I would not propose using a condom if I didn't know how my partner feels about condom use"</i>	.116	.154	.570	1	.450
<i>"None of us has got a condom, so we would have to buy one. In that case I think I would have sex without a condom"</i>	-.351	.154	5.198	1	.023
<i>"I think I could propose condom use without causing my partner feel as if he or she were ill"</i>	.384	.143	7.244	1	.007
<i>"I see myself as capable of buying condoms at a duty pharmacist during the evening"</i>	.346	.110	9.876	1	.002

Sexual control: The effect of the component sexual control of perceived behavioural control on pan-African acculturation was appraised using Logistic Regression Model. The variability explained by this model was satisfactory (Omnibus Test of Model Coefficient: $\chi^2=18.089$; $df=4$; $P=0.001$). This therefore implies that component sexual control of perceived behavioural control significantly ($P<0.05$) predicts Pan-African acculturation with a very slim Explanatory Power (EP) / Predictive Power of 3.9% (Cox & Snell R

Square=0.039). The hypothesis here stated is then accepted based on the component sexual control of perceived behavioural control. Generally, the more positive this component, the lesser the acculturation.

Table 159: Model Fitting Information and Predictive Power for the predictive component sexual control of subjective norms

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=18.089$ df=4 P=0.001	0.039

*Dependent variable: Pan-African acculturation.

Considering the effect of predictors independently, 3 of the four predictive indicators significantly predicted sexual activities but when controlled for each other, only *“I feel able to use a condom together with my partner without breaking the mood”* emerged as significant predictor.

Table 160: Association between *“I feel able to use a condom together with my partner without breaking the mood”* and pan-African acculturation

<i>“I feel able to use a condom together with my partner without breaking the mood”</i>	Stats	Pan-African acculturation		Total
		Low	High	
Agree	n	119	75	194
	%	61.3%	38.7%	100.0%
Neither agree or disagree	n	35	42	77
	%	45.5%	54.5%	100.0%
Disagree	n	76	107	183
	%	41.5%	58.5%	100.0%
Total	n	230	224	454
	%	50.7%	49.3%	100.0%

Table 161: Predictive effect of individual predictors of the sexual control component of perceived behavioural control related to condom use on condom use

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>"I feel able to use a condom together with my partner without breaking the mood"</i>	14.876	1	.000
<i>"I think I could use a condom without lessening sexual excitement"</i>	10.101	1	.001
<i>"If my partner would carry a condom I would certainly manage to use one"</i>	6.472	1	.011
<i>"I feel I am able to integrate putting on a condom into the foreplay"</i>	.746	1	.388

Table 162: Wald statistics depicting the predictive effect of individual predictors of the sexual control component of perceived behavioural control related to condom use on condom use controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>"I feel able to use a condom together with my partner without breaking the mood"</i>	.351	.148	5.645	1	.018
<i>"I think I could use a condom without lessening sexual excitement"</i>	.187	.166	1.265	1	.261
<i>"If my partner would carry a condom I would certainly manage to use one"</i>	.055	.163	.115	1	.734
<i>"I feel I am able to integrate putting on a condom into the foreplay"</i>	-.222	.143	2.389	1	.122

Overall self-efficacy: The effect of perceived behavioural control on pan-African acculturation was appraised using Logistic Regression Model. The variability explained by this model was significant (Omnibus Test of Model Coefficient: $\chi^2=111.433$; $df=32$; $P=0.000$). This therefore implies that this predictive component significantly predicts pan-African acculturation with an Explanatory Power (EP) / Predictive Power of 21.8% (Cox & Snell R Square=0.218). Generally, the better the self-efficacy, the lesser the acculturation, thus accepting the hypothesis here stated.

Table 163: Model Fitting Information and Predictive Power for the predictive component perceived behavioural control

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=111.433$ df=32 P=0.000	0.218

*Dependent variable: Pan-African acculturation.

IVM attitude and subjective norms

The combined effect of attitude and subjective norms on Pan-African acculturation was appraised using Logistic Regression Model. The variability explained by this model was satisfactory (Omnibus Test of Model Coefficient: $\chi^2=115.052$; df=49; P=0.000). This therefore implies that this IVM significantly (P<0.05) predicts pan-African acculturation with an Explanatory Power (EP) / Predictive Power of 22.4% (Cox & Snell R Square=0.224). The hypothesis here stated is then accepted based on this IVM. Generally, the better the combined effects of attitude and subjective norms, the lesser youth migrants are acculturated.

Table 164: Model Fitting Information and Predictive Power for the predictive component the combined effect of attitude and subjective norms

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=115.052$ df=49 P=0.000	0.224

*Dependent variable: Pan-African acculturation.

IVM attitude and self-efficacy

The combined effect of attitude and self-efficacy on pan-African acculturation was appraised using Logistic Regression Model. The variability explained by this model was

very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=152.880$; $df=71$; $P=0.000$). This therefore implies that the combined effect of attitude and self-efficacy significantly ($P<0.05$) predicts pan-African acculturation with an Explanatory Power (EP) / Predictive Power of 28.6% (Cox & Snell R Square=0.286). Generally, the better the combined effects of attitude and self-efficacy, the lesser youth migrants are acculturated. The hypothesis here stated is then accepted based on the combined effect of attitude and self-efficacy.

Table 165: Model Fitting Information and Predictive Power for the predictive component the combined effect of attitude and self-efficacy

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=152.880$ $df=71$ $P=0.000$	0.286

*Dependent variable: Pan-African acculturation.

IVM attitude and intention

The combined effect of attitude and intention on Pan-African acculturation was appraised using Logistic Regression Model. The variability explained by this model was very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=111.449$; $df=42$; $P=0.000$). This therefore implies that the combined effect of attitude and intention significantly ($P<0.05$) predicts pan-African acculturation with an Explanatory Power (EP) / Predictive Power of 21.8% (Cox & Snell R Square=0.218). Generally, the better the combined effect of attitude and intention, the lesser the acculturation.

Table 166: Model Fitting Information and Predictive Power for the predictive component the combined effect of attitude and intention

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=111.449$ df=42 P=0.000	0.218

*Dependent variable: Pan-African acculturation.

Self-efficacy and intention

The combined effect of self-efficacy and intention on pan-African acculturation was appraised using Logistic Regression Model. The variability explained by this model was very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=120.364$; df=35; P=0.000). This therefore implies that the combined effect of self-efficacy and intention significantly (P<0.05) predicts pan-African acculturation with an Explanatory Power (EP) / Predictive Power of 23.3% (Cox & Snell R Square=0.233). Generally, the better the combined effect of self-efficacy and intention, the lesser the acculturation.

Table 167: Model Fitting Information and Predictive Power for the predictive component the combined effect of self-efficacy and intention

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=120.364$ df=35 P=0.000	0.233

*Dependent variable: Pan-African acculturation.

IVM subjective norms and self-efficacy

The combined effect of subjective norms and self-efficacy on pan-African acculturation was appraised using Logistic Regression Model. The variability explained by this model was satisfactory (Omnibus Test of Model Coefficient: $\chi^2=125.618$; df=42;

P=0.000). This therefore implies that the combined effect of subjective norms and self-efficacy significantly ($P<0.05$) predicts pan-African acculturation with an Explanatory Power (EP) / Predictive Power of 24.2% (Cox & Snell R Square=0.242). Generally, the better the combined effect of subjective norms and self-efficacy, the lesser the acculturation. The hypothesis here stated is then rejected based on the combined effect of subjective norms and self-efficacy.

Table 168: Model Fitting Information and Predictive Power for the predictive component the combined effect of subjective norms and self-efficacy

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=125.618$ df=42 P=0.000	0.242

*Dependent variable: Pan-African acculturation.

IVM subjective norms and intention

The combined effect of subjective norms and intention on pan-African acculturation was appraised using Logistic Regression Model. The variability explained by this model was satisfactory (Omnibus Test of Model Coefficient: $\chi^2=68.512$; df=13; P=0.000). This therefore implies that the combined effect of subjective norms and intention significantly ($P<0.05$) predicts pan-African acculturation with an Explanatory Power (EP) / Predictive Power of 14.0% (Cox & Snell R Square=0.140). Generally, the better the combined effect of subjective norms and intention, the lesser acculturation. The hypothesis here stated is then accepted based on the combined effect of subjective norms and intention.

Table 169: Model Fitting Information and Predictive Power for the predictive component the combined effect of subjective norms and intention

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=68.512$ df=13 P=0.000	0.140

*Dependent variable: Pan-African acculturation.

IVM attitude, subjective norms and self-efficacy

The combined effect of attitude, subjective norms, self-efficacy and intention on pan-Acculturation was appraised using Logistic Regression Model. The variability explained by this model was very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=167.346$; df=81; P=0.000). This therefore implies that the combined effect of attitude, subjective norms, self-efficacy and intention significantly (P<0.05) predicts pan-African acculturation with an Explanatory Power (EP) / Predictive Power of 30.8% (Cox & Snell R Square=0.308). Generally, the better the combined effect of attitude, subjective norms, self-efficacy and intention, the lesser the acculturation.

Table 170: Model Fitting Information and Predictive Power for the predictive component the combined effect of attitude, subjective norms and self-efficacy

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=167.346$ df=81 P=0.000	0.308

*Dependent variable: Sexual activities.

IVM attitude, subjective norms, self-efficacy and intention

The combined effect of attitude, subjective norms, self-efficacy and intention on pan-African acculturation was appraised using Logistic Regression Model. The variability

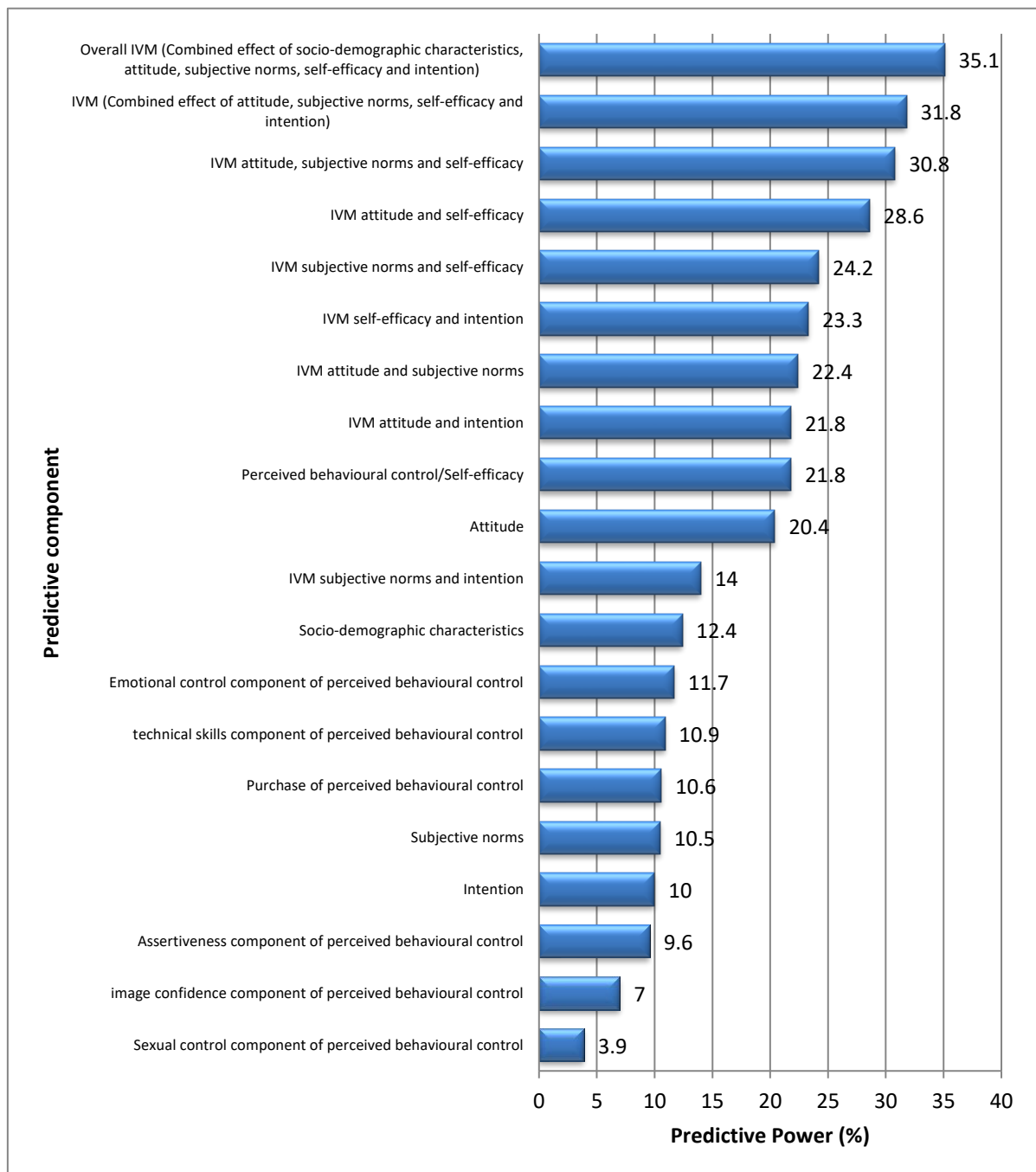
explained by this model was very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=173.658$; $df=84$; $P=0.000$). This therefore implies that the combined effect of attitude, subjective norms, self-efficacy and intention significantly ($P<0.05$) predicts pan-African acculturation with an Explanatory Power (EP) / Predictive Power of 31.8% (Cox & Snell R Square=31.8). Generally, the better the combined effect of attitude, subjective norms, self-efficacy and intention, the lesser the acculturation. The hypothesis here stated is then accepted based on the combined effect of attitude, subjective norms, self-efficacy and intention.

Table 171: Model Fitting Information and Predictive Power for the predictive component the combined effect of attitude, subjective norms, intention and self-efficacy

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=173.658$ $df=84$ $P=0.000$	0.318

*Dependent variable: Pan-African acculturation.

Figure 16: Model Fitting Information and Predictive Power of independent models and IVMs on Pan-African acculturation



The IVM is 31.8% and when socio-demographic factors are added, the EP rises to 35.1%.

Table 172: Model Fitting Information and Predictive Power of independent models and IVMs

Model	% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
Socio-demographic characteristics	100%	$\chi^2=60.025$ df=5 P=0.000	0.124 (12.4%)
Attitude	100%	$\chi^2=103.651$ df=39 P=0.000	0.204 (20.4%)
Subjective norms	100%	$\chi^2=50.188$ df=10 P=0.000	0.105 (10.5%)
Intention	100%	$\chi^2=47.896$ df=3 P=0.000	0.100 (10.0%)
technical skills component of perceived behavioural control	100%	$\chi^2=52.222$ df=6 P=0.000	0.109 (10.9%)
image confidence component of perceived behavioural control	100%	$\chi^2=33.124$ df=6 P=0.000	0.070 (7.0%)
Emotional control component of perceived behavioural control	100%	$\chi^2=56.398$ df=5 P=0.005	0.117 (11.7%)
Purchase of perceived behavioural control	100%	$\chi^2=50.803$ df=5 P=0.000	0.106 (10.6%)
Assertiveness component of perceived behavioural control	100%	$\chi^2=45.621$ df=6 P=0.000	0.096 (9.6%)
Sexual control component of perceived behavioural control	100%	$\chi^2=18.089$ df=4 P=0.001	0.039 (3.9%)

Model	% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
Perceived behavioural control/Self-efficacy	100%	$\chi^2=111.433$ df=32 P=0.000	0.218 (21.8%)
IVM attitude and subjective norms	100%	$\chi^2=115.052$ df=49 P=0.000	0.224 (22.4%)
IVM attitude and self-efficacy	100%	$\chi^2=152.880$ df=71 P=0.000	0.286 (28.6%)
IVM attitude and intention	100%	$\chi^2=111.449$ df=42 P=0.000	0.218 (21.8%)
IVM self-efficacy and intention	100%	$\chi^2=120.364$ df=35 P=0.000	0.233 (23.3%)
IVM subjective norms and self-efficacy	100%	$\chi^2=125.618$ df=42 P=0.000	0.242 (24.2%)
IVM subjective norms and intention	100%	$\chi^2=68.512$ df=13 P=0.000	0.140 (14.0%)
IVM attitude, subjective norms and self-efficacy	100%	$\chi^2=167.346$ df=81 P=0.000	0.308 (30.8%)
IVM (Combined effect of attitude, subjective norms, self-efficacy and intention)	100%	$\chi^2=173.658$ df=84 P=0.000	0.318 (31.8%)
Overall IVM (Combined effect of socio-demographic characteristics, attitude, subjective norms, self-efficacy and intention)	100%	$\chi^2=195.932$ df=89 P=0.000	0.351 (35.1%)

*Dependent variable: Pan-African acculturation.

The predictive effects of the predictive components were generally significant but with a negative association thus implying that positive attitude or awareness of HIV instead hinder acculturation.

5.4.4 Research question four: What socio-cultural factors determine the use of condom by youth migrants during sexual intercourse?

5.4.4.1 Socio-cultural factors

Highest level of school attained

Table 173: Highest level of school attained by migrants

Highest level of school attained	Frequency	Percent	Cumulative Percent
None	2	.4	.4
Primary	63	13.9	14.3
Secondary school	71	15.6	30.0
High school	142	31.3	61.2
Undergraduate/ diploma	138	30.4	91.6
Post graduate degree/ diploma	38	8.4	100.0
Total	454	100.0	

Table 174: Highest level of school attained by migrants (Collapsed)

Highest level of school attained	Frequency	Percent	Cumulative Percent
No schooling and primary	65	14.3	14.3
Secondary and high school	213	46.9	61.2
Higher education/Tertiary	176	38.8	100.0
Total	454	100.0	

Most of the migrants had attained secondary and high school with proportion of 46.9% (213). Among those falling in this category, 15.6% (71) had attained secondary school and 31.3% (142) high school. This group was followed by those that had attained higher education with proportion of 38.8% (176) while those that had not gone to school or that had attained primary education made up 14.3% (65) whereby 0.4% (2) of them had never been to school and 13.9% (63) had attained primary education. The sample was really diversified in term of level of school attainment of migrant and this was good for the representativeness and validity of the data.

Gender

Table 175: Distribution of migrants' gender

Gender	Frequency	Percent
Male	213	46.9
Female	241	53.1
Total	454	100.0

Both male and female migrants were well represented in the sample whereby the male made up 47.0% (226) of the sample and the female 53.0% (255). This diversity in term of gender was good for the representativeness and validity of the data.

Length of stay

Table 176: Migrants' length of stay in S.A.

Length of stay (Year)	Frequency	Percent	Cumulative Percent
0-3	84	18.5	18.5
3-5	212	46.7	65.2
5-10	64	14.1	79.3
10-15	47	10.4	89.6
above 15	47	10.4	100.0
Total	454	100.0	

The mode duration of stay of the migrants in S.A. was 3 to 5 years with proportion of 46.7% (212), followed by those that had stayed 0-3 years making up 18.5% (84), then came those with a duration of stay of 5-10 years 14.1% (64), 10-15 years 10.4% (47) while those that had stayed above 15 years made up 10.4% (47) as well. This variation in the duration of stay was good for the representativeness and validity of the sample.

Table 177: Migrants' length of stay in S.A. (Collapsed)

Length of stay	Frequency	Percent	Cumulative Percent
0-5	296	65.2	65.2
6-10	64	14.1	79.3
11+	94	20.7	100.0
Total	454	100.0	

*Relationship status of migrants***Table 178: Relationship status of migrants**

Marital status	Frequency	Percent
Married	107	23.6
Single	146	32.2
Separated	57	12.6
Divorced	33	7.3
Widowed	5	1.1
Dating	67	14.8
Engaged	39	8.6
Total	454	100.0

The relational status of the migrants was equally diversified which was an added value to the representativeness and validity of the sample. Most of them were single 32.2% (146), followed by the married 23.6% (107), 14.8% (67) were dating, 8.3% (39) were engaged, 7.3% (33) were divorced while 1.1% (5) were widowed.

Table: Relationship status of migrants (Collapsed)

Relational status	Frequency	Percent
Married	107	23.6
Single, dating and engaged	252	55.5
Separated, divorced and widowed	95	20.9
Total	454	100.0

Age

Table 179: Description of migrants' ages

N	Mean	Median	Std. Error of Mean	Minimum	Maximum	Std. Deviation
454	29.4	30.0	.2	18	35	4.4

The average migrants' age in South Africa Republic was 29.4 ± 0.2 years, Median at 30.0 implying that half of the migrants were aged less than 30 years and the other half 30 to 35 years. The youngest was aged 18 years and the oldest 35 years. Migrants' ages were organized in two ranges as presented below for appropriate integration in cross-analysis.

Table 180: Distribution of migrants' age ranges

Age range	Frequency	Percent
18-29	216	47.6
30-35	238	52.4
Total	454	100.0

5.4.4.2 Research hypothesis four: Socio-cultural factors determine the use of condom by youth migrants during sexual intercourse.

Demographic characteristics

It was seen earlier under research hypothesis one that socio-demographic characteristics did not significantly predict condom use and that the predictive power was almost null (0.8%).

One of the indicators of demographic characteristics significantly predicted condom use which was relational status though this relationship was not significant with Wald statistics.

Pan-African acculturation

The indicators of this predictive components were recoded as to follow a grading order of acculturation, considering "*My country of origin*" as the least acculturated, 'both'

as moderately acculturated, “*South African*” as acculturated and “*Neither*” as highly acculturated.

The influence of youth migrants’ pan-African acculturation orientations on condom use was appraised using Logistic Regression Model. The variability explained by this model was satisfactory (Omnibus Test of Model Coefficient: $\chi^2=43.989$; $df=23$; $P=0.005$). This therefore implies that pan-African acculturation orientations of migrants significantly ($P<0.05$) predict condom use with an Explanatory Power (EP) / Predictive Power of 15.1% (Cox & Snell R Square=0.151). The hypothesis here stated is then accepted based on pan-African acculturation.

Table 181: Model Fitting Information and Predictive Power for the predictive component pan-African acculturation

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=43.989$ $df=23$ $P=0.005$	0.151

*Dependent variable: Condom use.

Considering the effect of predictors independently, 6 of the 23 significantly predicted condom use. When controlled for each other as depicted by Wald statistics, 3 of the predictive indicators of the pan-African acculturation component predicted condom use; they are:

- “*My accent in English language sounds like people from...*”;
- “*The words I use are from...*”;
- “*The culture I identify with the most is...*”

The nature of the association indicates that the lesser people are acculturated, the more they use condom. This corroborate with the trend of research hypothesis three whereby, the

lesser the acculturation the more positive the predictive components of condom use considered in this study.

Table 182: Association between “*My accent in English sounds like people from...*” and condom use

<i>“My accent in English sounds like people from...”</i>	Stats	Use a condom when having sex in your last sexual encounter		Total
		No	Yes	
My country of origin	n	85	120	205
	%	41.5%	58.5%	100.0%
Both	n	11	17	28
	%	39.3%	60.7%	100.0%
South Africa	n	15	15	30
	%	50.0%	50.0%	100.0%
Neither	n	4	2	6
	%	66.7%	33.3%	100.0%
Total	n	115	154	269
	%	42.8%	57.2%	100.0%

Table 183: Association between “*The words I use are from...*” and condom use

<i>“The words I use are from...”</i>	Stats	Use a condom when having sex in your last sexual encounter		Total
		No	Yes	
My country of origin	n	65	117	182
	%	35.7%	64.3%	100.0%
Both	n	32	22	54
	%	59.3%	40.7%	100.0%
South Africa	n	7	11	18
	%	38.9%	61.1%	100.0%
Neither	n	11	4	15
	%	73.3%	26.7%	100.0%
Total	n	115	154	269
	%	42.8%	57.2%	100.0%

Table 184: Association between “*The culture I identify with the most is...*” and condom use

<i>“The culture I identify with the most is...”</i>	Stats	Use a condom when having sex in your last sexual encounter		Total
		No	Yes	
My country of origin	n	98	116	214
	%	45.8%	54.2%	100.0%
Both	n	11	23	34
	%	32.4%	67.6%	100.0%
South Africa	n	3	12	15
	%	20.0%	80.0%	100.0%
Neither	n	3	3	6
	%	50.0%	50.0%	100.0%
Total	n	115	154	269
	%	42.8%	57.2%	100.0%

Table 185: Association between “*My cultural values and beliefs are from...*” and condom use

<i>“My cultural values and beliefs are from...”</i>	Stats	Use a condom when having sex in your last sexual encounter		Total
		No	Yes	
My country of origin	n	85	116	201
	%	42.3%	57.7%	100.0%
Both	n	22	31	53
	%	41.5%	58.5%	100.0%
South Africa	n	4	5	9
	%	44.4%	55.6%	100.0%
Neither	n	4	2	6
	%	66.7%	33.3%	100.0%
Total	n	115	154	269
	%	42.8%	57.2%	100.0%

The trend from the crosstabulations predicting condom use from “*My accent in English sounds like people from...*” and “*The words I use are from...*” indicate that the lesser the acculturation the more migrants use condom. This trend was contradicted by the predictive indicator “*The culture I identify with the most is...*” But when the very association is carried out with the predictive indicator “*my cultural values and beliefs are from...*”, the trend now aligns with that of the first two tables and contradict the third one (“*The culture I identify with the most is...*”), thus implying that one can identify oneself with a culture, but this does not mean that one necessarily believes in that culture. This could also explain why

this predictor (*“The culture I identify with the most is”...*) became significant only when controlled for other predictors.

Table 186: Predictive effect of individual predictors of the pan-African acculturation component on condom use

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>“My accent in my native language sounds like people from...”</i>	6.113	1	.013
<i>“My accent in English sounds like people from...”</i>	1.506	1	.220
<i>“I talk like people from...”</i>	7.364	1	.007
<i>“The words I use are from...”</i>	9.580	1	.002
<i>“I am very proud of...”</i>	1.593	1	.207
<i>“I am excited about being a member of...”</i>	.807	1	.369
<i>“I am very close or attached to...”</i>	.970	1	.325
<i>“My best friends are from...”</i>	.118	1	.731
<i>“The people I see every day are from...”</i>	4.121	1	.042
<i>“The people I hang out with are from...”</i>	1.653	1	.199
<i>“The foods I eat are from...”</i>	6.796	1	.009
<i>“The traditions I follow are from...”</i>	.072	1	.788
<i>“The music I listen to is from...”</i>	5.885	1	.015
<i>“The celebrations I go to are from...”</i>	.588	1	.443
<i>“My cultural values and beliefs are from...”</i>	.562	1	.454
<i>“The culture I identify with the most is...”</i>	2.724	1	.099
<i>“The culture that influences the way I think and see things is from...”</i>	.018	1	.892
<i>“My religion is from...”</i>	.135	1	.714
<i>“My role models are from...”</i>	.072	1	.789
<i>“My parents are from...”</i>	.027	1	.871
<i>“My relatives are from...”</i>	.699	1	.403
<i>“The people I like to be with are from...”</i>	.028	1	.867
<i>“The people I go to school or work with are from...”</i>	.377	1	.539

Table 187: Wald statistics depicting the predictive effect of individual predictors of pan-African acculturation on condom use

Predictors	B	S.E.	Wald	df	Sig.
<i>“My accent in my native language sounds like people from...”</i>	-.591	.303	3.811	1	.051
<i>“My accent in English sounds like people from...”</i>	.737	.322	5.245	1	.022
<i>“I talk like people from...”</i>	-.435	.320	1.849	1	.174
<i>“The words I use are from...”</i>	-.623	.261	5.689	1	.017
<i>“I am very proud of...”</i>	-.061	.301	.042	1	.838
<i>“I am excited about being a member of...”</i>	.550	.300	3.357	1	.067
<i>“I am very close or attached to...”</i>	-.149	.233	.411	1	.522
<i>“My best friends are from...”</i>	.550	.294	3.505	1	.061
<i>“The people I see every day are from...”</i>	-.506	.320	2.497	1	.114
<i>“The people I hang out with are from...”</i>	-.339	.310	1.194	1	.274
<i>“The foods I eat are from...”</i>	-.300	.266	1.265	1	.261
<i>“The traditions I follow are from...”</i>	.432	.265	2.668	1	.102
<i>“The music I listen to is from...”</i>	-.510	.288	3.129	1	.077
<i>“The celebrations I go to are from...”</i>	.340	.285	1.423	1	.233
<i>“My cultural values and beliefs are from...”</i>	-.590	.354	2.781	1	.095
<i>“The culture I identify with the most is...”</i>	.860	.342	6.335	1	.012
<i>“The culture that influences the way I think and see things is from...”</i>	-.191	.269	.507	1	.476
<i>“My religion is from...”</i>	-.262	.285	.844	1	.358
<i>“My role models are from...”</i>	.113	.242	.219	1	.640
<i>“My parents are from...”</i>	-.282	.367	.591	1	.442
<i>“My relatives are from...”</i>	.616	.397	2.403	1	.121
<i>“The people I like to be with are from...”</i>	.020	.271	.005	1	.942
<i>“The people I go to school or work with are from...”</i>	.434	.306	2.012	1	.156

IVN combining the effect of demographic characteristics and pan-African characteristics

The influence of youth migrants' pan-African acculturation orientations combined with their demographic characteristics on condom use was appraised using Logistic Regression Model. The variability explained by this model was satisfactory (Omnibus Test of Model Coefficient: $\chi^2=49.090$; $df=28$; $P=0.008$). This therefore implies that pan-African acculturation orientation of migrants combined with their demographic characteristics significantly ($P<0.05$) predict condom use with a very high Explanatory Power (EP) / Predictive Power of 16.7% (Cox & Snell R Square=0.167). The hypothesis here stated is then accepted.

Table 188: Model Fitting Information and Predictive Power for the predictive component pan-African acculturation

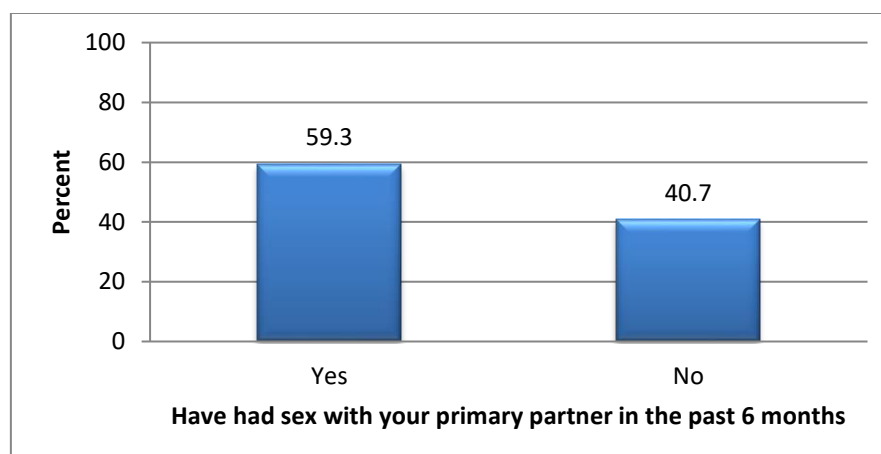
% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=49.090$ $df=28$ $P=0.008$	0.167

*Dependent variable: Condom use.

5.4.5 Research question five: What is the applicability of the Theory of Planned behaviour to condom use intentions and behaviour among youth migrants with respect to sexual activities of youth migrants?

5.4.5.1 Youth migrants' sexual activities

Figure 17: Youth migrants' sexual activities



Most of youth migrants making 59.3% (269) had sex with their primary partners in the past 6 months.

Table 189: Association between sexual activities and background indicators

Background indicator	Categories	Have had sex with your primary partner in the past 6 months		n	Likelihood Ratio
		Yes	No		
Highest level of school attained	No schooling and primary	60.0%(39)	40.0%(26)	65	Value=0.018 P=0.991
	Secondary and high school	59.2%(126)	40.8%(87)	213	
	Higher education/Tertiary	59.1%(104)	40.9%(72)	176	
Gender	Male	59.6%(127)	40.4%(86)	213	Value=0.023 P=0.879
	Female	58.9%(142)	41.1%(99)	241	
Length of stay	0-5	61.5%(182)	38.5%(144)	296	Value=1.815 P=0.404
	6-10	56.2%(36)	43.8%(28)	64	
	11+	54.3%(51)	45.7%(43)	94	
Relational status	Married	57.9%(62)	42.1%(45)	107	Value=0.205 P=0.902
	Single, dating and engaged	59.1%(149)	40.9%(103)	252	
	Separated, divorced and widowed	61.1%(58)	38.9%(37)	95	
Age	18-25	67.4%(64)	32.6%(31)	95	Value=3.344 P=0.070
	26-35	57.1%(205)	42.9%(154)	359	

Sexual activity of youth migrants was not significantly dependent of level of school attained, gender, length of stay and relational status ($P>0.05$). Though not significantly dependent of age ($P>0.05$) it was well perceptible that the younger age range (18-25 years) was sexually more active with a proportion of 67.4% (64) for those that had sex with their primary partner in the past 6 months, as against a lower proportion of 57.1% (205) for those aged 26-35 years.

Socio-demographic characteristics do not significantly predict sexual activities to young migrants (Omnibus Tests of Model Coefficients: $\chi^2=5.797$; $df=5$; $P=0.326$) and the Predictive Power was very insignificant (1.3%).

When indicators were controlled for each other, the trend did not change.

Table 190: Wald statistics depicting the predictive effect of individual predictors of background indicators on sexual activities controlled for each other

Background indicators	B	S.E.	Wald	df	Sig.
Education2	-.044	.142	.096	1	.757
gender	.037	.196	.037	1	.848
Length of stay in S.A.	.123	.082	2.281	1	.131
Relationship2	-.020	.147	.018	1	.893
Age	.393	.248	2.518	1	.113

5.4.5.2 Research hypothesis five: Attitudes, subjective norms, perceived behavioural control (self-efficacy) and intention will predict sexual activities of youth migrants.

Attitude

The effect of attitude on sexual activities was appraised using Logistic Regression Model. The variability explained by this model was not satisfactory (Omnibus Test of Model Coefficient: $\chi^2=53.320$; $df=39$; $P=0.063$). This therefore implies that attitude does not significantly ($P>0.05$) predicts sexual activities. However, the influence of the predictive component perceptible with an Explanatory Power (EP) / Predictive Power of 11.1% (Cox & Snell R Square=0.111). Generally, the more positive the attitude towards condom use, the more they engage in sexual activities though this influence was not significant. The hypothesis here stated is then rejected based on attitude.

Table 191: Model Fitting Information and Predictive Power for the predictive component attitude

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R- Square) based on Cox and Snell
100%	$\chi^2=53.320$ $df=39$ $P=0.063$	0.111

*Dependent variable: Sexual activities.

Considering the Likelihood Ratio test that assessed the predictive effect of individual predictive indicators considered independently, 10 of the indicators significantly predicted sexual activities; they were:

- *“I see the use of a condom as adding to the excitement of foreplay if the female partner helps the male put it in place”;*
- *“I would be willing to try a condom, even if I have never used one before”;*
- *“Many people make use of the condom as an erotic part of foreplay”;*
- *“I just don't like the idea of using condoms”;*
- *“I see no reason to be embarrassed by the use of condoms”;*
- *“Condoms are uncomfortable”;*

- “Using a condom makes sex unenjoyably”;
- “I would avoid using condoms if at all possible”;
- “Use of the condom is an interruption of foreplay” and
- “Most women don't like for their partners to use condoms.”

When controlled for each other, two of predictors that were significant in bivariate analysis still emerged as significant. They are:

- “In my opinion, condoms are too much trouble” and
- “Condoms are pleasant to use”.

All these associations were negative thus implying that the more people have negative attitude towards condom, the more they engage in sexual activities.

Table 192: Association between the perception that “in my opinion, condoms are too much trouble” and “have had sex with your primary partner in the past 6 months”

<i>“In my opinion, condoms are too much trouble”</i>	Stats	Have had sex with your primary partner in the past 6 months		Total
		Yes	No	
Agree	n	176	106	282
	%	62.4%	37.6%	100.0%
Neither agree or disagree	n	32	28	60
	%	53.3%	46.7%	100.0%
Disagree	n	61	51	112
	%	54.5%	45.5%	100.0%
Total	n	269	185	454
	%	59.3%	40.7%	100.0%

Table 193: Association between the perception “Condoms are pleasant to use” and “have had sex with your primary partner in the past 6 months”

<i>“Condoms are pleasant to use”</i>	Stats	Have had sex with your primary partner in the past 6 months		Total
		Yes	No	
Agree	n	146	101	247
	%	59.1%	40.9%	100.0%
Neither agree or disagree	n	42	33	75
	%	56.0%	44.0%	100.0%
Disagree	n	81	51	132
	%	61.4%	38.6%	100.0%
Total	n	269	185	454
	%	59.3%	40.7%	100.0%

Table 194: Predictive effect of individual predictors of attitude towards condom use on sexual activities

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>"In my opinion, condoms are too much trouble"</i>	2.554	1	.110
<i>"Condoms are unreliable"</i>	.120	1	.729
<i>"Condoms are pleasant to use"</i>	.117	1	.733
<i>"The neatness of condoms, for example, no wet spot on the bed, makes them attractive"</i>	.991	1	.319
<i>"I see the use of a condom as adding to the excitement of foreplay if the female partner helps the male put it in place"</i>	6.103	1	.013
<i>"I would be willing to try a condom, even if I have never used one before"</i>	8.456	1	.004
<i>"There is no reason why a woman should be embarrassed to suggest a condom"</i>	1.811	1	.178
<i>"Women think men who use condoms show concern and caring"</i>	1.239	1	.266
<i>"I intend to try condoms"</i>	3.123	1	.077
<i>"I think proper use of a condom can enhance sexual pleasures"</i>	1.885	1	.170
<i>"Many people make use of the condom as an erotic part of foreplay"</i>	8.993	1	.003
<i>"All things considered, condoms seem safer to me than any other form of contraception except abstinence"</i>	3.392	1	.066
<i>"I just don't like the idea of using condoms"</i>	5.120	1	.024
<i>"I think condoms look ridiculous"</i>	2.842	1	.092
<i>"Condoms are inconvenient"</i>	1.097	1	.295
<i>"I see no reason to be embarrassed by the use of condoms"</i>	11.835	1	.001
<i>"Condoms are uncomfortable"</i>	11.646	1	.001
<i>"Using a condom makes sex unenjoyably"</i>	7.686	1	.006
<i>"I would avoid using condoms if at all possible"</i>	7.351	1	.007
<i>"I would be comfortable suggesting that my partner and I use a condom"</i>	1.651	1	.199
<i>"Condoms ruin the sex act"</i>	2.399	1	.121
<i>"Condoms are uncomfortable for both partners"</i>	1.064	1	.302
<i>"Women think men who use condoms are foolish and ill mannered"</i>	.036	1	.850
<i>"The idea of using a condom doesn't appeal to me"</i>	2.894	1	.089
<i>"Use of the condom is an interruption of foreplay"</i>	3.972	1	.046
<i>"What to do with a condom after use is a real problem"</i>	1.408	1	.235
<i>"The thought of using a condom is disgusting"</i>	.854	1	.355
<i>"Having to stop to put on a condom takes all the romance out of sex"</i>	.467	1	.494
<i>"Most women don't like for their partners to use condoms"</i>	7.506	1	.006
<i>"I don't think condoms interfere with the enjoyment of sex"</i>	1.628	1	.202
<i>"There is no way that using a condom can be pleasant"</i>	2.370	1	.124
<i>"Using a condom requires taking time out of foreplay, which interrupts the pleasure of sex"</i>	2.133	1	.144
<i>"I think condoms are an excellent means of contraception"</i>	.393	1	.531
<i>"Condoms seem unreliable"</i>	2.222	1	.136
<i>"There is no reason why a man should be embarrassed to suggest using a condom"</i>	2.554	1	.110
<i>"To most women, a man who uses a condom is sexier than one who leaves protection up to the woman"</i>	3.485	1	.062
<i>"The condom is a highly satisfactory form of contraception"</i>	1.642	1	.200
<i>"I would have no objection if my partner suggested that we use a condom"</i>	1.737	1	.188
<i>"The skillful woman can make placing a condom a highly erotic experience"</i>	.609	1	.435

Table 195: Wald statistics depicting the predictive effect of individual predictors of attitude towards condom use on sexual activities controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>"In my opinion, condoms are too much trouble"</i>	.399	.192	4.305	1	.038
<i>"Condoms are unreliable"</i>	-.290	.182	2.548	1	.110
<i>"Condoms are pleasant to use"</i>	-.356	.170	4.383	1	.036
<i>"The neatness of condoms, for example, no wet spot on the bed, makes them attractive"</i>	-.080	.185	.188	1	.664
<i>"I see the use of a condom as adding to the excitement of foreplay if the female partner helps the male put it in place"</i>	.128	.192	.444	1	.505
<i>"I would be willing to try a condom, even if I have never used one before"</i>	.341	.194	3.108	1	.078
<i>"There is no reason why a woman should be embarrassed to suggest a condom"</i>	-.055	.191	.083	1	.773
<i>"Women think men who use condoms show concern and caring"</i>	-.220	.198	1.240	1	.265
<i>"I intend to try condoms"</i>	-.090	.200	.202	1	.653
<i>"I think proper use of a condom can enhance sexual pleasures"</i>	.106	.171	.385	1	.535
<i>"Many people make use of the condom as an erotic part of foreplay"</i>	.297	.175	2.887	1	.089
<i>"All things considered, condoms seem safer to me than any other form of contraception except abstinence"</i>	-.143	.166	.743	1	.389
<i>"I just don't like the idea of using condoms"</i>	.114	.162	.496	1	.481
<i>"I think condoms look ridiculous"</i>	.016	.169	.009	1	.924
<i>"Condoms are inconvenient"</i>	-.390	.186	4.416	1	.036
<i>"I see no reason to be embarrassed by the use of condoms"</i>	.329	.176	3.470	1	.063
<i>"Condoms are uncomfortable"</i>	.227	.219	1.076	1	.300
<i>"Using a condom makes sex unenjoyably"</i>	.027	.191	.020	1	.887
<i>"I would avoid using condoms if at all possible"</i>	.180	.162	1.235	1	.266
<i>"I would be comfortable suggesting that my partner and I use a condom"</i>	.241	.177	1.852	1	.174
<i>"Condoms ruin the sex act"</i>	.061	.186	.106	1	.745
<i>"Condoms are uncomfortable for both partners"</i>	-.089	.198	.203	1	.652
<i>"Women think men who use condoms are foolish and ill mannered"</i>	-.321	.182	3.114	1	.078
<i>"The idea of using a condom doesn't appeal to me"</i>	.121	.188	.412	1	.521
<i>"Use of the condom is an interruption of foreplay"</i>	.250	.186	1.806	1	.179
<i>"What to do with a condom after use is a real problem"</i>	.052	.182	.082	1	.775
<i>"The thought of using a condom is disgusting"</i>	.026	.175	.022	1	.883
<i>"Having to stop to put on a condom takes all the romance out of sex"</i>	-.352	.185	3.606	1	.058
<i>"Most women don't like for their partners to use condoms"</i>	.281	.183	2.343	1	.126
<i>"I don't think condoms interfere with the enjoyment of sex"</i>	-.028	.169	.027	1	.869
<i>"There is no way that using a condom can be pleasant"</i>	.141	.181	.604	1	.437
<i>"Using a condom requires taking time out of foreplay, which interrupts the pleasure of sex"</i>	-.051	.186	.074	1	.786
<i>"I think condoms are an excellent means of contraception"</i>	-.159	.170	.873	1	.350
<i>"Condoms seem unreliable"</i>	.048	.167	.082	1	.775
<i>"There is no reason why a man should be embarrassed to suggest using a condom"</i>	-.040	.179	.050	1	.823
<i>"To most women, a man who uses a condom is sexier than one who leaves protection up to the woman"</i>	.110	.159	.478	1	.489
<i>"The condom is a highly satisfactory form of contraception"</i>	.025	.171	.021	1	.885
<i>"I would have no objection if my partner suggested that we use a condom"</i>	-.035	.203	.030	1	.862
<i>"The skillful woman can make placing a condom a highly erotic experience"</i>	-.186	.191	.952	1	.329

Subjective norms

The effect of subjective norms on sexual activities was appraised using Logistic Regression Model. The variability explained by this model was significant (Omnibus Test of Model Coefficient: $\chi^2=18.822$; $df=10$; $P=0.043$). This therefore implies that subjective norms significantly predict condom use though the influence was slim given the smaller value of the Explanatory Power (EP) / Predictive Power of 4.1% (Cox & Snell R Square=0.041). Generally, the more positive the subjective norms towards condom use, the more migrants are sexually active, thus accepting the hypothesis here stated. The very low explanatory power which seems to contradict the significant p-value simply means that subjective norms consistently across variability explained the influence sexual activities but at a very low rate.

Table 196: Model Fitting Information and Predictive Power for the predictive component subjective norms

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=18.822$ $df=10$ $P=0.043$	0.041

*Dependent variable: Sexual activities.

Considering the effect of predictors independently, 10 of the 12 significantly predicted sexual activities. They were:

- *“Most people who are important to me think that condom use is desirable”;*
- *“Most others who are important to me think that I should use a condom in my next sexual encounter”;*
- *“Thinking of my friends and peers. I think they would think that using a condom in my next sexual encounter is a good thing to do”;*

- *“Thinking of my parents, family. I think that they would think that using a condom in my next sexual encounter is a good thing to do”;*
- *“Many people from my church (pastor and congregation mates) would think that using a condom in my next sexual encounter is a good thing to do”;*
- *“Many of my friends would use a condom in their sexual encounter”;*
- *“Thinking of my friends and peers. I think many of them would use a condom in their sexual encounter”;*
- *“My attitudes and beliefs, are similar to that of my friends and peers”;*
- *“Thinking of who I am. Being a member of my group of friends and peers and having their approval is very important to me”.*

All these associations were positive thus implying that the more people have positive subjective norms towards condom, the more they engage in sexual activities.

Table 197: Predictive effect of individual predictors of subjective norms related to condom use on sexual activities

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>“Most people who are important to me would think it is important to use a condom in my next sexual encounter”</i>	2.430	1	.119
<i>“Most people who are important to me think that condom use is desirable”</i>	5.605	1	.018
<i>“Most others who are important to me think that I should use a condom in my next sexual encounter”</i>	4.944	1	.026
<i>“Thinking of my friends and peers. I think they would think that using a condom in my next sexual encounter is a good thing to do”</i>	7.707	1	.006
<i>“Thinking of my parents, family. I think that they would think that using a condom in my next sexual encounter is a good thing to do”</i>	8.716	1	.003
<i>“Many people from my church (pastor and congregation mates) would think that using a condom in my next sexual encounter is a good thing to do”</i>	6.080	1	.014
<i>“Many of my friends would use a condom in their sexual encounter”</i>	8.321	1	.004
<i>“Thinking of my friends and peers. I think many of them would use a condom in their sexual encounter”</i>	11.921	1	.001
<i>“My attitudes and beliefs, are similar to that of my friends and peers”</i>	10.484	1	.001
<i>“Thinking of who I am. Being a member of my group of friends and peers and having their approval is very important to me”</i>	5.156	1	.023
<i>“Most people who are important to me would think it is important to use a condom in my next sexual encounter”</i>	2.430	1	.119

Table 198: Wald statistics depicting the predictive effect of individual predictors of subjective norms related to condom use on sexual activities controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>“Most people who are important to me would think it is important to use a condom in my next sexual encounter”</i>	-.240	.192	1.569	1	.210
<i>“Most people who are important to me think that condom use is desirable”</i>	.201	.176	1.314	1	.252
<i>“Most others who are important to me think that I should use a condom in my next sexual encounter”</i>	.044	.167	.071	1	.790
<i>“Thinking of my friends and peers. I think they would think that using a condom in my next sexual encounter is a good thing to do”</i>	.097	.193	.252	1	.616
<i>“Thinking of my parents, family. I think that they would think that using a condom in my next sexual encounter is a good thing to do”</i>	.179	.216	.683	1	.409
<i>“Many people from my church (pastor and congregation mates) would think that using a condom in my next sexual encounter is a good thing to do”</i>	-.072	.175	.171	1	.680
<i>“Many of my friends would use a condom in their sexual encounter”</i>	-.040	.164	.058	1	.809
<i>“Thinking of my friends and peers. I think many of them would use a condom in their sexual encounter”</i>	.239	.162	2.183	1	.140
<i>“My attitudes and beliefs, are similar to that of my friends and peers”</i>	.187	.164	1.301	1	.254
<i>“Thinking of who I am. Being a member of my group of friends and peers and having their approval is very important to me”</i>	-.043	.149	.083	1	.774

Intention

The effect of intention on sexual activities was appraised using Logistic Regression Model. The variability explained by this model was significant (Omnibus Test of Model Coefficient: $\chi^2=15.710$; $df=10$; $P=0.001$). This therefore implies that intention significantly predicts condom use though the influence was slim given the smaller value of the Explanatory Power (EP) / Predictive Power of 3.4% (Cox & Snell R Square=0.034). Generally, the more positive the intention towards condom use, the more migrants are sexually active, thus accepting the hypothesis here stated. The very low explanatory power which seems to contradict the significant p-value simply means that intention consistently across the variability explained influences sexual activities but at a very low rate. In the other sense, this predictive component seems to act more as a consistent moderator.

Table 199: Model Fitting Information and Predictive Power for the predictive component intention

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=15.710$ df=3 P=0.001	0.034

*Dependent variable: sexual activities.

Two of the three indicators significantly influence sexual activities; they are:

- *“If you have sex with a casual partner over the next 2 months, do you expect to use a condom?”*
- *“Is it likely that you will use a condom if you have vaginal and/or anal sex with a casual partner in the next 2 months?”*

When controlled for each other, only the first one became significant.

These associations were positive thus implying that those with positive intention towards condom use were more likely to be sexually active.

Table 200: Association between the perception that “If you have sex with a casual partner over the next 2 months”, “do you intend to use a condom?” and “Have had sex with your primary partner in the past 6 months”

<i>“If you have sex with a casual partner over the next 2 months, do you intend to use a condom?”</i>	Stats	Have had sex with your primary partner in the past 6 months		Total
		Yes	No	
Agree	n	145	83	228
	%	63.6%	36.4%	100.0%
Neither agree or disagree	n	41	34	75
	%	54.7%	45.3%	100.0%
Disagree	n	83	68	151
	%	55.0%	45.0%	100.0%
Total	n	269	185	454
	%	59.3%	40.7%	100.0%

Table 201: Predictive effect of individual predictors of intention related to condom use on condom use

Predictors	Score	df	Sig.
<i>“If you have sex with a casual partner over the next 2 months, do you intend to use a condom?”</i>	3.035	1	.081
<i>“If you have sex with a casual partner over the next 2 months, do you expect to use a condom?”</i>	12.676	1	.000
<i>“Is it likely that you will use a condom if you have vaginal and/or anal sex with a casual partner in the next 2 months?”</i>	10.573	1	.001

Table 202: Wald statistics depicting the predictive effect of individual predictors of intention related to condom use on condom use controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>“If you have sex with a casual partner over the next 2 months, do you intend to use a condom?”</i>	-.206	.156	1.754	1	.185
<i>“If you have sex with a casual partner over the next 2 months, do you expect to use a condom?”</i>	.363	.164	4.895	1	.027
<i>“Is it likely that you will use a condom if you have vaginal and/or anal sex with a casual partner in the next 2 months?”</i>	.225	.156	2.087	1	.149

Perceived behavioural control (self-efficacy)

Technical skills: The effect of the technical skills component of perceived behavioural control on sexual activities was appraised using Logistic Regression Model. The variability explained by this model was significant (Omnibus Test of Model Coefficient: $\chi^2=15.189$; $df=6$; $P=0.019$). This therefore implies that this predictive component significantly predicts condom use though the influence was slim given the smaller value of the Explanatory Power (EP) / Predictive Power of 3.3% (Cox & Snell R Square=0.033). Generally, the more positive the technical skills components of perceived behavioural control towards condom use, the more migrants are sexually active, thus accepting the hypothesis here stated. The very low explanatory power which seems to contradict the significant p-value simply means that this predictive component consistently across the variability explained influence sexual activities but at a very low rate.

Table 203: Model Fitting Information and Predictive Power for the predictive component technical skills of perceived behavioural control

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=15.189$ df=6 P=0.019	0.033

*Dependent variable: sexual activities.

Considering the effect of predictors independently, two of them significantly predicted sexual activities even when controlled for each other:

- “I think I would be able to remove a condom easily” and
- “I think I am able to put on a condom quickly.”

These associations were positive thus implying that those with positive technical skills towards condom use were more likely to be sexually active.

Table 204: Association between the perception *that* “I think I would be able to remove a condom easily” and “Have had sex with your primary partner in the past 6 months”

“I think I would be able to remove a condom easily”	Stats	Have had sex with your primary partner in the past 6 months		Total
		Yes	No	
Agree	n	112	63	175
	%	64.0%	36.0%	100.0%
Neither agree or disagree	n	57	28	85
	%	67.1%	32.9%	100.0%
Disagree	n	100	94	194
	%	51.5%	48.5%	100.0%
Total	n	269	185	454
	%	59.3%	40.7%	100.0%

Table 205: Association between the perception that “I think I would be able to remove a condom easily” and “Have had sex with your primary partner in the past 6 months”

<i>“I think I am able to put on a condom quickly”</i>	Stats	Have had sex with your primary partner in the past 6 months		Total
		Yes	No	
Agree	n	137	74	211
	%	64.9%	35.1%	100.0%
Neither agree or disagree	n	48	37	85
	%	56.5%	43.5%	100.0%
Disagree	n	84	74	158
	%	53.2%	46.8%	100.0%
Total	n	269	185	454
	%	59.3%	40.7%	100.0%

Table 206: Predictive effect of individual predictors of technical skills of perceived behavioural control related to condom use on sexual activities

Predictors	Likelihood Ratio Test	df	Sig.
	Score		
<i>“I feel confident in my ability to put on a condom to myself or my partner”</i>	.737	1	.391
<i>“I would be capable of using a condom efficiently”</i>	.237	1	.626
<i>“I think I would be able to remove a condom easily”</i>	6.085	1	.014
<i>“Putting on a condom would make me feel uncomfortable”</i>	.035	1	.851
<i>“I think I am able to put on a condom quickly”</i>	5.325	1	.021
<i>“I would be able to get condoms out of a condom machine in a pub or dance without any problem”</i>	.313	1	.576

Table 207: Wald statistics depicting the predictive effect of individual predictors of technical skills of perceived behavioural control related to condom use on sexual activities controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>“I feel confident in my ability to put on a condom to myself or my partner”</i>	-.063	.170	.138	1	.711
<i>“I would be capable of using a condom efficiently”</i>	-.296	.185	2.550	1	.110
<i>“I think I would be able to remove a condom easily”</i>	.428	.170	6.319	1	.012
<i>“Putting on a condom would make me feel uncomfortable”</i>	-.220	.144	2.351	1	.125
<i>“I think I am able to put on a condom quickly”</i>	.388	.170	5.189	1	.023
<i>“I would be able to get condoms out of a condom machine in a pub or dance without any problem”</i>	-.130	.149	.765	1	.382

Image confidence: The effect of the component image confidence of perceived behavioural control on sexual activities was appraised using Logistic Regression Model. The variability explained by this model was unsatisfactory (Omnibus Test of Model Coefficient: $\chi^2=10.859$; $df=6$; $P=0.093$). This therefore implies that component image confidence of perceived behavioural control does not significantly ($P>0.05$) predicts sexual activities with a very slim or almost null Explanatory Power (EP) / Predictive Power of 2.4% (Cox & Snell R Square=0.024). The hypothesis here stated is then rejected based on the component image confidence of perceived behavioural control.

Table 208: Model Fitting Information and Predictive Power for the predictive component image confidence of perceived behavioural control

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=10.859$ $df=6$ $P=0.093$	0.024

*Dependent variable: Sexual activities.

Considering the effect of predictors independently, three of them significantly predicted sexual activities:

- *“I would not dare to propose condom use to a new partner because this might suggest I have an STD”;*
- *“I would not dare to propose condom use because this might suggest I have slept with several partners”;*
- *“I think I could propose condom use without causing my partner feel as if he or she were ill.”*

These associations were positive thus implying that those with positive image confidence towards condom use were more likely to be sexually active.

Table 209: Predictive effect of individual predictors of image confidence component of perceived behavioural control related to condom use on sexual activities

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>"I would not dare to propose condom use to a new partner because this might suggest my partner has an STD"</i>	2.195	1	.138
<i>"I would not dare to propose condom use to a new partner because this might suggest I have an STD"</i>	5.306	1	.021
<i>"I would not dare to propose condom use because this might suggest I have slept with several partners"</i>	6.850	1	.009
<i>"I think I could propose condom use without causing my partner feel as if he or she were ill"</i>	5.292	1	.021
<i>"If I were to propose condom use, I would be afraid to be rejected"</i>	.665	1	.415
<i>"I would not dare to propose condom use to a new partner because this might suggest homosexual experiences"</i>	.545	1	.460

Table 210: Wald statistics depicting the predictive effect of individual predictors of image confidence component of perceived behavioural control related to condom use on sexual activities controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>"I would not dare to propose condom use to a new partner because this might suggest my partner has an STD"</i>	-.108	.159	.465	1	.495
<i>"I would not dare to propose condom use to a new partner because this might suggest I have an STD"</i>	.191	.184	1.078	1	.299
<i>"I would not dare to propose condom use because this might suggest I have slept with several partners"</i>	.255	.168	2.302	1	.129
<i>"I think I could propose condom use without causing my partner feel as if he or she were ill"</i>	.193	.131	2.179	1	.140
<i>"If I were to propose condom use, I would be afraid to be rejected"</i>	-.204	.186	1.199	1	.274
<i>"I would not dare to propose condom use to a new partner because this might suggest homosexual experiences"</i>	.009	.158	.003	1	.954

Emotional control: The effect of the emotional control component of perceived behavioural control on sexual activities was appraised using Logistic Regression Model. The variability explained by this model was significant (Omnibus Test of Model Coefficient: $\chi^2=12.045$; $df=5$; $P=0.034$). This therefore implies that this predictive component significantly predicts sexual activities though the influence was slim given the smaller value of the Explanatory Power (EP) / Predictive Power of 3.3% (Cox & Snell R Square=0.033). Generally, the more

positive the emotional control components of perceived behavioural control towards condom use, the more migrants are sexually active, thus accepting the hypothesis here stated. The very low explanatory power which seems to contradict the significant p-value simply means that this predictive component consistently across the variability explained influence sexual activities but at a very low rate.

Table 211: Model Fitting Information and Predictive Power for the predictive component emotional control of perceived behavioural control

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=12.045$ df=5 P=0.034	0.026

*Dependent variable: Sexual activities.

Considering the effect of predictors independently, four of them significantly predicted condom use.

- *“If I would have sex unexpectedly, I would forget to use a condom”;*
- *“If I would be drunk a little, I would not be able to stop making love to put on a condom first”;*
- *“Even if I would be very much in love, I would think of using a condom when I have sex with my partner for the first time” and*
- *“If I would have sex with my partner for the first time, I would hardly be able to wait until the condom has been put on.”*

These associations were positive thus implying that those with positive image confidence towards condom use were more likely to be sexually active.

Table 212: Predictive effect of individual predictors of the emotional control component of perceived behavioural control related to condom use on sexual activities

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>“None of us has got a condom, so we would have to buy one. In that case I think I would have sex without a condom”</i>	3.695	1	.055
<i>“If I would have sex unexpectedly, I would forget to use a condom”</i>	4.364	1	.037
<i>“If I would be drunk a little, I would not be able to stop making love to put on a condom first”</i>	.419	1	.517
<i>“Even if I would be very much in love, I would think of using a condom when I have sex with my partner for the first time”</i>	4.906	1	.027
<i>“If I would have sex with my partner for the first time, I would hardly be able to wait until the condom has been put on”</i>	5.226	1	.022

Table 213: Wald statistics depicting the predictive effect of individual predictors of the emotional component of perceived behavioural control related to condom use on sexual activities controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>“None of us has got a condom, so we would have to buy one. In that case I think I would have sex without a condom”</i>	.193	.121	2.543	1	.111
<i>“If I would have sex unexpectedly, I would forget to use a condom”</i>	.232	.153	2.310	1	.129
<i>“If I would be drunk a little, I would not be able to stop making love to put on a condom first”</i>	-.276	.157	3.117	1	.078
<i>“Even if I would be very much in love, I would think of using a condom when I have sex with my partner for the first time”</i>	.131	.151	.760	1	.383
<i>“If I would have sex with my partner for the first time, I would hardly be able to wait until the condom has been put on”</i>	.142	.145	.962	1	.327

Purchase: The effect of the component purchase of perceived behavioural control on sexual activities was appraised using Logistic Regression Model. The variability explained by this model was unsatisfactory (Omnibus Test of Model Coefficient: $\chi^2=10.679$; $df=5$; $P=0.058$). This therefore implies that component purchase of perceived behavioural control does not significantly ($P>0.05$) predicts sexual activities with a very slim or almost null Explanatory Power (EP) / Predictive Power of 2.3% (Cox & Snell R Square=0.023). The hypothesis here stated is then rejected based on the component purchase of perceived behavioural control.

Table 214: Model Fitting Information and Predictive Power for the predictive component purchase of perceived behavioural control

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=10.679$ df=5 P=0.058	0.023

*Dependent variable: Sexual activities.

Considering the effect of predictors independently, four out of five significantly predicted sexual activities even when controlled for each other.

- *“I can get condoms whenever I want without difficulty”;*
- *“I wouldn’t mind buying condoms in a department store”;*
- *“I would feel uncomfortable if I’d carry condoms with me” and*
- *“I find purchasing condoms at a pharmacist embarrassing.”*

These associations were positive thus implying that those with positive image confidence towards condom use were more likely to be sexually active.

Table 215: Predictive effect of individual predictors of the purchase component of perceived behavioural control related to condom use on condom use

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>“I can get condoms whenever I want without difficulty”</i>	7.653	1	.006
<i>“I wouldn’t mind buying condoms in a department store”</i>	5.298	1	.021
<i>“I would feel uncomfortable if I’d carry condoms with me”</i>	5.405	1	.020
<i>“I find purchasing condoms at a pharmacist embarrassing”</i>	6.052	1	.014
<i>“I dare to get condoms out of a condom machine in a pub or dance without any problem”</i>	3.800	1	.051

Table 216: Wald statistics depicting the predictive effect of individual predictors of the purchase component of perceived behavioural control related to condom use on condom use controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>“I can get condoms whenever I want without difficulty”</i>	.176	.151	1.361	1	.243

<i>"I wouldn't mind buying condoms in a department store"</i>	.071	.147	.238	1	.626
<i>"I would feel uncomfortable if I'd carry condoms with me"</i>	.020	.153	.017	1	.895
<i>"I find purchasing condoms at a pharmacist embarrassing"</i>	.164	.149	1.207	1	.272
<i>"I dare to get condoms out of a condom machine in a pub or dance without any problem"</i>	.027	.142	.037	1	.847

Assertiveness: The effect of the assertiveness component of perceived behavioural control on sexual activities was appraised using Logistic Regression Model. The variability explained by this model was significant (Omnibus Test of Model Coefficient: $\chi^2=19.078$; $df=6$; $P=0.004$). This therefore implies that this predictive component significantly predicts sexual activities though the influence was slim given the smaller value of the Explanatory Power (EP) / Predictive Power of 4.1% (Cox & Snell R Square=0.041). Generally, the more positive the assertiveness components of perceived behavioural control towards condom use, the more migrants are sexually active, thus accepting the hypothesis here stated. The very low explanatory power which seems to contradict the significant p-value simply means that this predictive component consistently across the variability explained influence sexual activities but at a very low rate.

Table 217: Model Fitting Information and Predictive Power for the predictive component assertiveness of perceived behavioural control

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=19.078$ $df=6$ $P=0.004$	0.041

*Dependent variable: Sexual activities.

Considering the effect of predictors independently, two of them significantly predicted sexual activities.

- *"I feel able to convince my partner to use a condom when we have sex together"* and

- *“I think I could propose condom use without causing my partner feel as if he or she were ill.”*

Table 218: Association between the perception that *“I think I could propose condom use without causing my partner feel as if he or she were ill”* and *“Have had sex with your primary partner in the past 6 months”*

<i>“I think I could propose condom use without causing my partner feel as if he or she were ill”</i>	Stats	Have had sex with your primary partner in the past 6 months		Total
		Yes	No	
Agree	n	122	61	183
	%	66.7%	33.3%	100.0%
Neither agree or disagree	n	50	44	94
	%	53.2%	46.8%	100.0%
Disagree	n	97	80	177
	%	54.8%	45.2%	100.0%
Total	n	269	185	454
	%	59.3%	40.7%	100.0%

These associations were positive thus implying that those with positive image confidence towards condom use were more likely to be sexually active.

Table 219: Predictive effect of individual predictors of the assertiveness component of perceived behavioural control related to condom use on sexual activities

Predictors	Likelihood Ratio Test		
	Score	df	Sig.
<i>“I feel able to convince my partner to use a condom when we have sex together”</i>	6.113	1	.013
<i>“If my partner wouldn’t want to use a condom, I could easily convince him/her of its necessity”</i>	.860	1	.354
<i>“I would not propose using a condom if I didn’t know how my partner feels about condom use”</i>	.620	1	.431
<i>“None of us has got a condom, so we would have to buy one. In that case I think I would have sex without a condom”</i>	1.686	1	.194
<i>“I think I could propose condom use without causing my partner feel as if he or she were ill”</i>	12.462	1	.000
<i>“I see myself as capable of buying condoms at a duty pharmacist during the evening”</i>	.286	1	.593

Table 220: Wald statistics depicting the predictive effect of individual predictors of the assertiveness component of perceived behavioural control related to condom use on sexual activities controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>“I feel able to convince my partner to use a condom when we have sex together”</i>	.266	.152	3.072	1	.080

<i>"If my partner wouldn't want to use a condom, I could easily convince him/her of its necessity"</i>	-.262	.169	2.396	1	.122
<i>"I would not propose using a condom if I didn't know how my partner feels about condom use"</i>	-.118	.153	.599	1	.439
<i>"None of us has got a condom, so we would have to buy one. In that case I think I would have sex without a condom"</i>	.045	.150	.091	1	.763
<i>"I think I could propose condom use without causing my partner feel as if he or she were ill"</i>	.444	.143	9.586	1	.002
<i>"I see myself as capable of buying condoms at a duty pharmacist during the evening"</i>	-.151	.111	1.846	1	.174

Sexual control: The effect of the component sexual control of perceived behavioural control on sexual activities was appraised using Logistic Regression Model. The variability explained by this model was very unsatisfactory (Omnibus Test of Model Coefficient: $\chi^2=1.439$; $df=4$; $P=0.837$). This therefore implies that component sexual control of perceived behavioural control does not significantly ($P>0.05$) predicts sexual activities with a very slim or close to null Explanatory Power (EP) / Predictive Power of 0.1% (Cox & Snell R Square=0.001). The hypothesis here stated is then rejected based on the component sexual control of perceived behavioural control.

Table 221: Model Fitting Information and Predictive Power for the predictive component sexual control of subjective norms

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=1.439$ $df=4$ $P=0.837$	0.001

*Dependent variable: Sexual activities.

Considering the effect of predictors independently, none of them significantly predicted sexual activities.

Table 222: Predictive effect of individual predictors of the sexual control component of perceived behavioural control related to condom use on condom use

Predictors	Likelihood Ratio Test
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	Score	df	Sig.
<i>"I feel able to use a condom together with my partner without breaking the mood"</i>	.003	1	.957
<i>"I think I could use a condom without lessening sexual excitement"</i>	.217	1	.642
<i>"If my partner would carry a condom I would certainly manage to use one"</i>	.163	1	.686
<i>"I feel I am able to integrate putting on a condom into the foreplay"</i>	.001	1	.977

Table 223: Wald statistics depicting the predictive effect of individual predictors of the sexual control component of perceived behavioural control related to condom use on condom use controlled for each other

Predictors	B	S.E.	Wald	df	Sig.
<i>"I feel able to use a condom together with my partner without breaking the mood"</i>	.056	.148	.141	1	.707
<i>"I think I could use a condom without lessening sexual excitement"</i>	-.078	.167	.220	1	.639
<i>"If my partner would carry a condom I would certainly manage to use one"</i>	-.051	.163	.100	1	.752
<i>"I feel I am able to integrate putting on a condom into the foreplay"</i>	.045	.141	.100	1	.752

Overall self-efficacy

The effect of perceived behavioural control on sexual activities was appraised using Logistic Regression Model. The variability explained by this model was significant (Omnibus Test of Model Coefficient: $\chi^2=46.987$; $df=32$; $P=0.098$). This therefore implies that this predictive component significantly predicts sexual activities though the influence was weak given the small value of the Explanatory Power (EP) / Predictive Power of 9.8% (Cox & Snell R Square=0.098). Generally, the better the self-efficacy, the more migrants are sexually active, thus accepting the hypothesis here stated. This hypothesis is then accepted.

Table 224: Model Fitting Information and Predictive Power for the predictive component perceived behavioural control

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=46.987$ df=32 P=0.043	0.098

*Dependent variable: Sexual activities.

IVM attitude and subjective norms

The combined effect of attitude and subjective norms on sexual activities was appraised using Logistic Regression Model. The variability explained by this model was unsatisfactory (Omnibus Test of Model Coefficient: $\chi^2=63.447$; df=49; P=0.080). This therefore implies that this IVM does not significantly ($P>0.05$) predict sexual activities but the effect was however perceptible with an Explanatory Power (EP) / Predictive Power of 13.0% (Cox & Snell R Square=0.130). The hypothesis here stated is then accepted based on this IVM.

Table 225: Model Fitting Information and Predictive Power for the predictive component the combined effect of attitude and subjective norms

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=63.447$ df=49 P=0.080	0.130

*Dependent variable: Sexual activities.

IVM attitude and self-efficacy

The combined effect of attitude and self-efficacy on sexual activities was appraised using Logistic Regression Model. The variability explained by this model was very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=102.353$; df=71; P=0.009). This

therefore implies that the combined effect of attitude and self-efficacy significantly ($P < 0.05$) predicts condom use with an Explanatory Power (EP) / Predictive Power of 20.2% (Cox & Snell R Square=0.202). Generally, the better the combined effect of attitude and self-efficacy, the more the sexual activities. The hypothesis here stated is then accepted based on the combined effect of attitude and self-efficacy.

Table 226: Model Fitting Information and Predictive Power for the predictive component the combined effect of attitude and elf-efficacy

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=102.266$ df=71 P=0.009	0.202

*Dependent variable: Sexual activities.

IVM attitude and intention

The combined effect of attitude and intention on sexual activities was appraised using Logistic Regression Model. The variability explained by this model was very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=67.879$; df=42; $P=0.007$). This therefore implies that the combined effect of attitude and intention significantly ($P < 0.05$) predicts sexual activities with an Explanatory Power (EP) / Predictive Power of 13.9% (Cox & Snell R Square=0.139). The positive sign of Beta (B) indicates that the better the combined effect of attitude and intention, the more the sexual activities. The hypothesis here stated is then accepted based on the combined effect of attitude and intention.

Table 227: Model Fitting Information and Predictive Power for the predictive component the combined effect of attitude and intention

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=67.879$ df=42 P=0.007	0.139

*Dependent variable: Sexual activities.

Self-efficacy and intention

The combined effect of self-efficacy and intention on sexual activities was appraised using Logistic Regression Model. The variability explained by this model was very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=60.628$; df=35; P=0.005). This therefore implies that the combined effect of self-efficacy and intention significantly (P<0.05) predicts sexual activities with an Explanatory Power (EP) / Predictive Power of 12.5% (Cox & Snell R Square=0.125). Generally, the better the combined effect of self-efficacy and intention, the more the sexual activities. The hypothesis here stated is then accepted based on the combined effect of self-efficacy and intention.

Table 228: Model Fitting Information and Predictive Power for the predictive component the combined effect of self-efficacy and intention

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=60.628$ df=35 P=0.005	0.125

*Dependent variable: Sexual activities.

IVM subjective norms and self-efficacy

The combined effect of subjective norms and self-efficacy on sexual activities was appraised using Logistic Regression Model. The variability explained by this model was satisfactory (Omnibus Test of Model Coefficient: $\chi^2=62.978$; df=42; P=0.020). This

therefore implies that the combined effect of subjective norms and self-efficacy significantly ($P<0.05$) predicts sexual activities with an Explanatory Power (EP) / Predictive Power of 13.0% (Cox & Snell R Square=0.130). Generally, the better the combined effect of subjective norms and self-efficacy, the more the sexual activities. The hypothesis here stated is then rejected based on the combined effect of subjective norms and self-efficacy.

Table 229: Model Fitting Information and Predictive Power for the predictive component the combined effect of subjective norms and self-efficacy

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=62.978$ df=42 P=0.020	0.130

*Dependent variable: Sexual activities.

IVM subjective norms and intention

The combined effect of subjective norms and intention on sexual activities was appraised using Logistic Regression Model. The variability explained by this model was satisfactory (Omnibus Test of Model Coefficient: $\chi^2=26.703$; df=13; $P=0.014$). This therefore implies that the combined effect of subjective norms and intention significantly ($P<0.05$) predicts condom use though this effect was lightly perceptible with an Explanatory Power (EP) / Predictive Power of 7.7% (Cox & Snell R Square=0.077). The better the combined effect of subjective norms and intention, the more the sexual activities. The hypothesis here stated is then accepted based on the combined effect of subjective norms and intention.

Table 230: Model Fitting Information and Predictive Power for the predictive component the combined effect of subjective norms and intention

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=26.703$ df=13 P=0.014	0.077

*Dependent variable: Sexual activities.

IVM attitude, subjective norms and self-efficacy

The combined effect of attitude, subjective norms, self-efficacy and intention on sexual activities was appraised using Logistic Regression Model. The variability explained by this model was very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=116.543$; df=81; P=0.006). This therefore implies that the combined effect of attitude, subjective norms, self-efficacy and intention significantly (P<0.05) predicts sexual activities with an Explanatory Power (EP) / Predictive Power of 22.6% (Cox & Snell R Square=0.226). The better the combined effect of attitude, subjective norms, self-efficacy and intention, the more the sexual activities. The hypothesis here stated is then accepted based on the combined effect of attitude, subjective norms and self-efficacy.

Table 231: Model Fitting Information and Predictive Power for the predictive component the combined effect of attitude, subjective norms and self-efficacy

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=116.543$ df=81 P=0.006	0.226

*Dependent variable: Sexual activities.

IVM attitude, subjective norms, self-efficacy and intention

The combined effect of attitude, subjective norms, self-efficacy and intention on sexual activities was appraised using Logistic Regression Model. The variability explained by this model was very satisfactory (Omnibus Test of Model Coefficient: $\chi^2=135.435$;

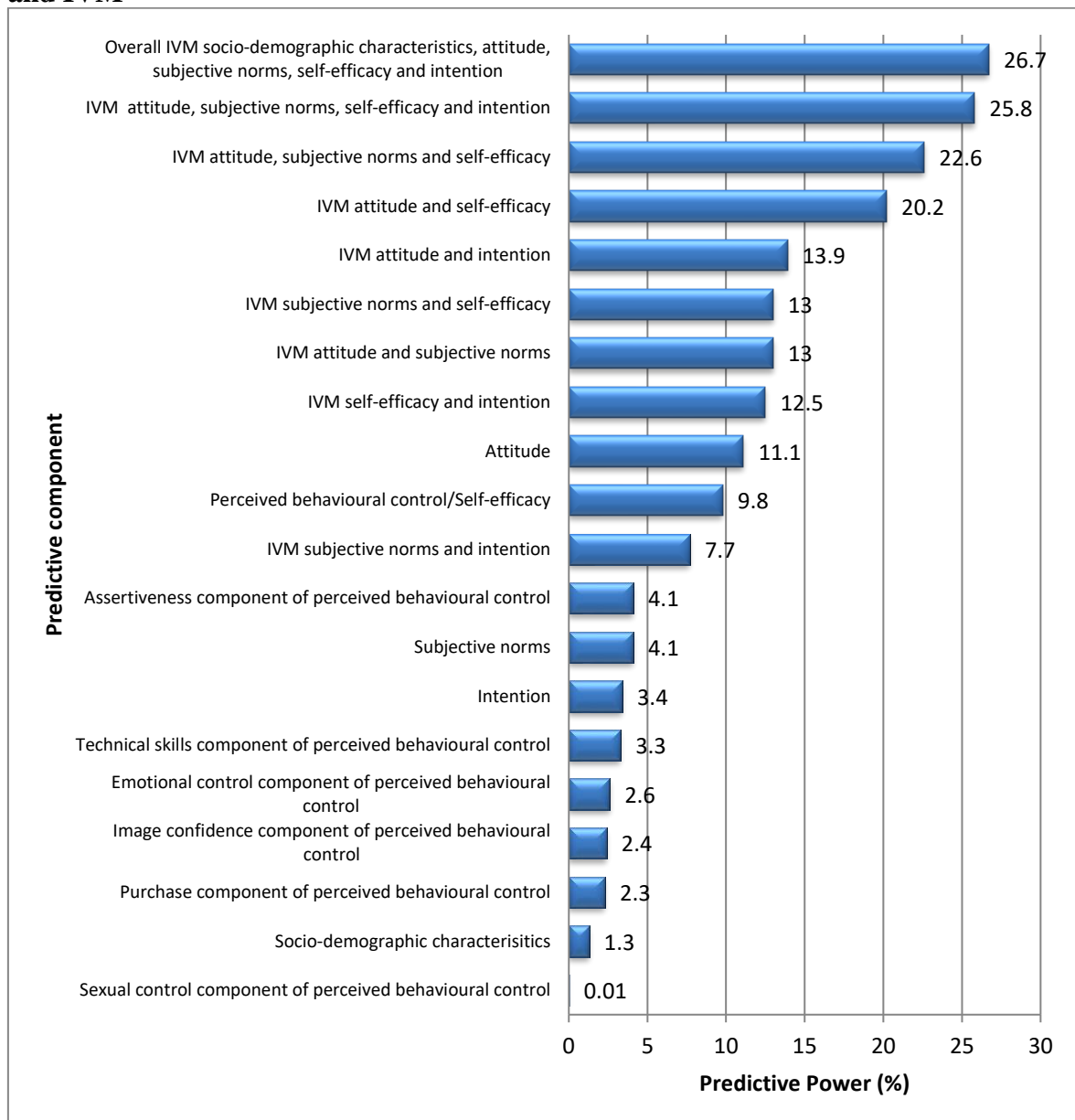
df=84; P=0.000). This therefore implies that the combined effect of attitude, subjective norms, self-efficacy and intention significantly ($P < 0.05$) predicts sexual activities with an Explanatory Power (EP) / Predictive Power of 25.8% (Cox & Snell R Square=0.258). Generally, the better the combined effect of attitude, subjective norms, self-efficacy and intention, the more the sexual activities. The hypothesis here stated is then accepted based on the combined effect of attitude, subjective norms, self-efficacy and intention.

Table 232: Model Fitting Information and Predictive Power for the predictive component the combined effect of attitude, subjective norms, intention and self-efficacy

% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
100%	$\chi^2=135.435$ df=84 P=0.000	0.258

*Dependent variable: Sexual activities.

Figure 18: Model Fitting Information and Predictive Power of independent models and IVM



The predictive effects of the predictive components were generally slim though significant in some cases. As for the IVMs, they were significant with perceptible IVMs.

In summary, this implies that positive perception about condom fosters sexual activities.

Among the individual predictive component, attitude the most predict sexual activities though the combined effect of all the predictive components was the highest. However, the predictive effect of this IVM is just moderate with roughly 75% variability not explained,

thus implying they are other parameters that determine sexual activities, but which are not considered in this model. When socio-demographic factors are added to this IVM, only a slight improvement is realized as the EP moves from 25.8% to 26.7%, thus implying that as seen earlier, demographic factors do not much predict sexual activities. In addition to this, the explanatory power of this predictor alone is not significant ($P>0.05$) with a very slim explanatory power of 1.3%.

Table 233: Model Fitting Information and Predictive Power of independent models and IVM

Model	% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
Socio-demographic characteristics	100%	$\chi^2=5.797$ df=5 P=0.326	0.013 (1.3%)
Attitude	100%	$\chi^2=53.320$ df=39 P=0.063	0.111 (11.1%)
Subjective norms	100%	$\chi^2=18.822$ df=10 P=0.043	0.041 (4.1%)
Intention	100%	$\chi^2=15.710$ df=3 P=0.001	0.034 (3.4%)
technical skills component of perceived behavioural control	100%	$\chi^2=15.189$ df=6 P=0.019	0.033 (3.3%)
image confidence component of perceived behavioural control	100%	$\chi^2=10.859$ df=6 P=0.093	0.024 (2.4%)
Emotional control component of perceived behavioural control	100%	$\chi^2=12.045$ df=5 P=0.034	0.026 (2.6%)
Purchase component of perceived behavioural control	100%	$\chi^2=10.679$ df=5 P=0.058	0.023 (2.3%)
Assertiveness component of perceived behavioural control	100%	$\chi^2=19.078$ df=6 P=0.004	0.041 (4.1%)

Model	% valid cases (considering only those that had sex in the last six months)	Omnibus Tests of Model Coefficients	Explanatory/predictive power of the model (Pseudo R-Square) based on Cox and Snell
Sexual control component of perceived behavioural control	100%	$\chi^2=1.439$ df=4 P=0.837	0.001 (0.1%)
Perceived behavioural control/Self-efficacy	100%	$\chi^2=46.987$ df=32 P=0.043	0.098 (9.8%)
IVM attitude and subjective norms	100%	$\chi^2=63.447$ df=49 P=0.080	0.130 (13.0%)
IVM attitude and self- efficacy	100%	$\chi^2=102.266$ df=71 P=0.009	0.202 (20.2%)
IVM attitude and intention	100%	$\chi^2=67.879$ df=42 P=0.007	0.139 (13.9%)
IVM self-efficacy and intention	100%	$\chi^2=60.628$ df=35 P=0.005	0.125 (12.5%)
IVM subjective norms and self-efficacy	100%	$\chi^2=62.978$ df=42 P=0.020	0.130 (13.0%)
IVM subjective norms and intention	100%	$\chi^2=26.703$ df=13 P=0.014	0.077 (7.7%)
IVM attitude, subjective norms and self-efficacy	100%	$\chi^2=116.543$ df=81 P=0.006	0.226 (22.6%)
IVM socio-demographic characteristics, attitude, subjective norms, self- efficacy and intention	100%	$\chi^2=135.435$ df=84 P=0.000	0.258 (25.8%)
Overall IVM socio- demographic characteristics, attitude, subjective norms, self- efficacy and intention	100%	$\chi^2=141.234$ df=89 P=0.000	0.267 (26.7%)

*Dependent variable: Sexual activities.

CHAPTER SIX

CONCLUSION AND RECOMMENDATION

Chapter six is an illustration of the entire study. It projects in summary, the findings to each of the five questions and hypothesis reflected in chapter one and four respectively. Furthermore, critiques of the findings were highlighted and recommendations outlined for further study. This thesis was aimed at exploring “the applicability of the theory of planned behaviour (TPB) to the condom use intentions and behaviour of migrant youth in South Africa”.

6.1 conclusion

6.1.1 Research question one: What is the nature and extent of condom use among youth migrants in South Africa?

The nature of condom is usually associated with behavioural research. In this study, the preferred condom is the male condom and this aspect will be further discussed in subsequent sections below incorporating all four components such as attitude, intention, subjective norms and perceived behavioural control.

Attitude: An individual’s attitude is underpinned by personality, beliefs, values, behaviours, and motivations either to or not comply (Fishbein & Ajzen, 1980). Findings from this dissertation indicated that less than half of migrants in South Africa projected positive attitude towards the use of condoms, with a weight of 43.6%. For those that had a negative perception towards the use of condom, most perceived that *condoms are too much trouble* with a proportion of 62.1% (282), similarly, those who harbor the belief *that condoms are unreliable* 57.7% (262), the perception *that women* think men who use condoms are foolish and ill-mannered 53.5% (243), *that most women don’t like for their partners to use condoms* 50.7% (230). The silent elicitation phase of the present thesis indicated that, though majority of respondents ensured that condom was neither pleasurable nor stimulating, they were all bent on using it for safety reasons. Nonetheless condom was only used with

girlfriends and not partners. They perceived that the use of condom was mostly required in a conventional and stable relationships (Tantoh, 2014). Notwithstanding, in the present research, those migrants that had positive attitude towards condoms mostly acknowledged to the fact *that condoms are pleasant to use* with proportion of 54.4% (247) and *that the use of a condom adds to the excitement of foreplay if the female partner helps the male put it in place* 53.5% (243).

The trend of these findings highlights that pre-disposition to use condom is highly predicted by attitude thus supporting the TRA by (Ajzen & Fishbein, 1980) who established a strong link between three major constructs namely; behaviour intention, attitude and subjective norms. Congruently, the Theory of Planned Behaviour (TPB) by Ajzen (1985) equally stressed on demographic and environmental outcome as features of intention on behaviour. This was verified by the findings of this study as it was statistically established that migrants' attitude towards condom use was significantly dependent of level of school attainment whereby those that had attained higher education were the least positive with weight of 41.7%. It was also dependent of relational status whereby the separated, divorced and widowed were the most positive with weight of 56.1%, followed by the married while the single, dating and engaged were the least positive. Also, those who had stayed the least were the most positive with the highest weight of 46.5% as compared to 37.9% and 38.2% for those that had stayed 6-10 years and 11 years and above though this difference was not significant.

Subjective norms: Subjective norm is the presumed function of beliefs or opinions of those that are important to you (referent others) and their approval or disapproval towards performing the behaviour. An individual holds a positive subjective norm when he/she is motivated to perform a certain behaviour.

With respect to subjective norms, less than half of migrants in S.A. portrayed a attitude which were positive in terms of condom use based on subjective norms, with a weight of 43.2% and this could explain why they had positive attitude towards condom only to a low extent. In fact, migrants' subjective norms towards condom were significantly dependent of length of stay whereby those that had stayed the least (0-5 years) were the most positive with weight of 48.0%. It was also dependent of relational status whereby the separated, divorced and widowed were the most positive with weight of 59.8%. Those who had stayed the least were the most positive with the highest weight of 48.0% as compared to 33.4% and 34.9% for those that had stayed 6-10 years and 11 years and above though this difference was not significant. This relationship between socio-demographic factors and subjective norm equally supports the thoughts of Fishbein and Ajzen who posit that attitudes and norms can be classified as social pressure to which an individual is exposed but not subjected equally in envisioning behaviour. This could be explained in accordance to TPB, that to obtain an envisioned behavioural outcome, both the object (individual) and the environment be hold constant.

The effect of subjective norms on behavioural control identified here with condom use was not significant. Generally, the more negative the subjective norms towards condom use, the more migrants use condom. Contrarily, the lesser youth believe in moral and ethical approval from their referent others, the more they use condom. This establishes the influence of beliefs and ethical approval on intention and behavioural outcome as earlier highlighted by Leonard, Chavira, Coonrod, Hart & Bay (2006). The indicator labelled as *“many people from my church (pastor and congregation mates) would think that using a condom in my next sexual encounter is a good thing to do”* was the only one that significantly predicted condom use. This association was positive thus implying it positively impacts on condom use. The paradox is that those that disagreed to the fact that people from their church (pastor

and congregation mates) would think *that using a condom in their next sexual encounter is a good thing to do* use condom more. Further analysis brings up the youth factor as a major confounder as they disagreed more to this indicator, and yet use condom more. This aligned with the trend explain earlier under attitude; these additional statistics emphasized the need to find out why though the youths' attitude was negative in regard to condom use, their usage was still very high. This paradox could also be explained by the fact that the referent others when faced with the youth dilemma place emphasis on abstinence. Studies conducted by Liebowitz, Calderon Castellabo, & Cuéllar (1999) suggested parents should force their children towards abstinence but rather trust that they make accountable choices which will protect and not push them towards the idea of abstinence until marriage. The findings of this study align with the suggestions of these authors as it was found that only 39.6% (180) of the youth hold to abstinence as a means to prevent risk derived from sexual activities. Moreover, this study reveals that those that adhere less to abstinence use condom more. Hutchinson & Montgomery (2007) and Resnick, Bearman, & Blum (1997) clarified that youth engagement in sexual activities and in using effective contraception are influenced by the referent others like parents, peers, church and teachers.

Perceived behavioural control (self-efficacy): Perceived behavioural control, puts an individual in the position where he/she either acts effortlessly or worries about the perceived action and its likely outcome. It is measured using condom self-efficacy scale (Libbus, 1998). Youth migrants perceived behavioural control / self-efficacy with respect to condom use was weak, as perceptions with positive views weight only 45.7%. They were mostly positive with their image confidence (51.5%), followed by technical skills (44.5%), emotional control (43.6%), assertiveness (43.3%), purchase (41.9%), then sexual control being the least (38.0%). Perceived behavioural control surfaced in this study as a significant predictor of condom use though with a weak explanatory power, notably the technical skills

and purchase indicators, that were equally highlighted by Tarkang (2009) as major predictors of condom use. Though, ICESCR affirms in Article 12 the “right of everyone to the enjoyment of the highest attainable standard of physical and mental health” (IOM, 2013, P. 17). Such legal predispositions are important to enhance perceived behavioural control and notably indicators that can favour entry into health facilities. It is thus important to youth migrant in South Africa if they enjoy these legal backing given the weak trend of perceived behavioural control and the weak predictive effect on condom use. Similarly, IOM (2013) and Tantoh, (2014) emphasized that lack of documentation by migrant is a hindrance to them in accessing health clinics and may further hinder their ability to obtain available knowledge offered in health centres. It can equally frustrate their ability to seek basic health care for fear of repatriation.

Migrants’ perceived behavioural control towards condom use was significantly dependent of relational status whereby the separated, divorced and widowed were the most positive with weight of 62.2%. Those who had stayed the least were more positive with the highest weight of 49.0% as compared to 41.2% and 38.0% for those that had stayed 6-10 years and 11 years and above though this difference was not significant.

Intention: Based on an individual’s attitude, behavioural control or the impact of referent others opinion, and the extent to which he/she may intent either to act on a particular behaviour or otherwise (Ajzen (1991).

In this study, considering the aggregated score, less than half of responses tilted towards positive intention with weight of 45.7%. Migrants’ intention towards condom use was dependent of length of stay in S.A. whereby those that had stayed the least were the most positive with weight of 55.5%; thus, conforming to the principles of Harvey, Henderson, & Casillas (2006) who emphasised on the interconnectedness between intention, behavioural outcome and the duration of the said relationship. The findings were also

dependent of relational status whereby the married were the least positive with weight of 35.8% and the separated, divorced and widowed the most positive with weight of 71.2%. Those who had stayed the least were more positive with the highest weight of 55.5% as compared to 25.5% and 28.7% for those that had stayed 6-10 years and 11 years and above though this difference was not significant. Ajzen (1991) and Tlu (2009), attested to the fact that the combination of perceive behavioural control and intention have the capacity to produce in an individual a behaviour at a higher precision than other models. Thus, confirming the assumption that performing a behaviour is functional to an individual's perceived behavioural control and intention. Therefore, in line with the above findings, an individual's control over his/her behavioural state can only be predicted by intention. Contrarily, in cases where there is an interplay of length of stay and relationship status, or a decrease in control, then intention and perceived control are paramount factors (Ajzen, 1991; Tlu, 2009)

Condom use behaviour: Contextually, condoms in South African has been promoted as a method through which the continuous prevalence of HIV\AIDS can be curbed. In chapter one, both the female and male condoms are defined. According to WHO, UNFPA and UNAIDS, (2004), "The male latex condom is the single most efficient, available technology to reduce the sexual transmission of HIV and other sexually transmitted infections". Notwithstanding, the present study aligns only with the male condom.

Findings from the study, indicated that less than average migrants making 44.9% (204) used condom when having sex in their last sexual encounter while a weak majority 57.2% (154) used '*condom when having sex in the past six months*'. Uriburu & Kattar (2006) identified sexual activity and abstinence sex and particularly unprotected sex as the most common risk behaviours youth engage in. The weak strength of positive attitude, subjective norms, perceived behavioural control and intention towards condom could explain the weak level

of action towards using condom thus corroborating with Sable and Libbus (1998) who emphasized that the impact created by strength in a belief about a particular behaviour is attributed to the attitude concerning that behaviour. Furthermore, youths have also acquired and accumulated experiences that will influence their behavioural outcome and impacted by attitudes and opinions of referent others towards condom use (Tarkang, 2009). According to Lewis *et al.* (2009), college students do not practice safe sex and have the tendency of accommodating multiple partners. Additionally, college students involve in behaviours, such as binge drinking that place them at even greater risk of having unprotected sex (Fisher, 1990).

In the present project, only attitude significantly predicted condom use, unlike subjective norms, intention and components of perceived behavioural control/Self-efficacy; technical skills, image confidence, emotional control, purchase, assertiveness and sexual control (Tarkang, 2009). However, the outcome after combining attitude to; subjective norms, perceived behavioural control, intention, and socio-demographic factors. Also attitude to; subjective norms and perceived behavioural control; subjective norms, perceived behavioural control and intention; subjective norms, perceived behavioural control and intention and socio demographic characteristics significantly predict condom use with higher predictive powers, thus supporting the TPB. Though the demographic characteristics of migrants did not significantly ($P > 0.05$) predict condom use in this study context, the effect was not null, and it could be perceived that the category made of single, dating and engaged mostly used condom with proportion of 64.4% (96), followed by the category made of separated, divorced and widowed 51.7% (30) while the married migrants used condom least at 45.2% (28), the discrepancy was statistically significant ($P < 0.05$). This could be explained by the fact that, those married did not really need protection since they had a steady partner. However, a person's belief concerning the use of condom is relative to his/her understanding

about contraception effectiveness and its side effects (Tarkang, 2009; Gilliam, Warden, Goldstein, & Tapia, 2004), beliefs about ethics and social acceptance (Leonard, Chavira, Coonrod, Hart, & Bay, 2006), awareness about procedures (Sangi-Haghpeykar, Ali, Posner, & Poindexter, 2006), and the duration of the said relationship (Harvey, Henderson, & Casillas, 2006) as seen by the above outcome from the findings.

The combined outcome effect of intention to; attitude, perceived behavioural control and other IVs including intention were significant unlike the effect of intention alone on condom use. This specificity was earlier highlighted by Ajzen (1985) who explained that to predict behaviour, it is prudent not to assess only intention, but also consider a measure the ability of an individual's control over a said behaviour. Thus, bringing to light the major need to consider attitude besides intention. In this study, the ability of attitude to predict condom was significant, unlike that of intention and with higher Explanatory Power of 21.7% as compared to just 2.1% for intention. Conversely, Hirsch (2007) and Tantoh (2014) explained that negative attitude towards condom could act as barrier to condom use while Tarkang (2009) concluded that negative attitudes towards condoms could be considered as "perceived barriers" to condom use (Tarkang, 2009). However, the Explanatory Power of the combined effect attitude and intention was higher than that of attitude alone, thus supporting Ajzen (1985). The author also clarified on the effect of external interfering factors over likelihood of achieving behavioural goals and this was the case in this study as migrants that recently arrived in South Africa still hold to their ethics back home and are highly determined to use condom.

More concretely, the study proved that the indicator *"Thinking of my friends and peers, I think they would think that using a condom in my next sexual encounter is a good thing to do"* emerged as a significant predictor and the predictor was also significant at the bivariate analysis, thus can be reckoned upon as a critical predictor. But when controlled for

length of stay, this influence is no longer significant. The crosstabulation indicates that those that have stayed over a short period were more influenced by their peers back home while those that have stayed for a longer period were more influence by local peers. This therefore implies that the lesser the youth migrants have stayed in S.A., the more they are susceptible to the intention of peers back home, and the lesser acculturated they are which is the opposite for those that have stayed for a longer period. On the other hand, since length of stay is considered here as confounder emerged as the sole significant predictor indicates that youth migrants' subjective norms is highly determine by their length of stay in S.A.

6.1.2 Research question two: Can attitudes, subjective norms, and perceived behavioural control (self-efficacy) predict the male condom use intentions of youth migrants in South Africa?

Socio-demographic characteristics, attitude, subjective norms, technical skills components of perceived behavioural control: technical skills, image confidence, emotional control, purchase, assertiveness, and sexual control, overall self-efficacy or perceived behavioural control, IVM attitude and subjective norms, IVM attitude and perceived behavioural control, IVM subjective norms and perceived behavioural control, IVM attitude, subjective norms and perceived behavioural control all significantly predicted intention to condom use. However, Integrated Value Mapping combining attitude, referent others and self-efficacy mostly predicted intention towards the use of condom. It is important to note that the effects of all the other predictors were significant. This aligns with the TPB. In line with this theory, Ajzen & Fishbein (1980) and Ajzen (1975) supported that motivation to comply is a correlate of subjective norm and normative beliefs. According to Terry and O'Leary, there is a need to measure separately the impact or outcome of either intention or perceived behavioural control. Notwithstanding this thesis proved that when intention and perceived behavioural control are combined with attitude the outcome effect increased. This therefore implies that someone combining the "strength of attitude and perceived

behavioural control” stands higher motivation towards acting them. In this vein, Sangi-Haghpeykar, Ali, Posner & Poindexter (2006) stressed on the ability of knowledge and method about condom use to trigger behavioural intention and outcome towards condom use.

Accordingly, TPB attest to the fact that the ability of an individual to act upon a behaviour is under his/her violation. Will power in this context, depicts the incorporation of internal and external facets such as skills, knowledge, willpower, resources, opportunity and having a plan. In essence, when an individual perceives little control over the behaviour because he/she is lacking in the above listed factors, then their intentions to perform becomes low, though they possess favourable attitudes and subjective norms towards it (Ajzen & Madden, 1986).

6.1.3 Research question three: What is the applicability of the theory of acculturation among youth migrants with respect to attitude, subjective norms, perceived behavioural control and intention?

Acculturation explains the course of events in an individual’s life when he/she enters a place different from their environment and has to adjust following an interaction with a different culture (Berry, 2003; Sam & Berry, 2006).

Based on the findings in this investigation, attitude, subjective norms, intention, and components of perceived behavioural control; technical skills, emotional control, assertiveness, significantly predicted pan-acculturation with the combined effects of these predictive components having higher Explanatory Powers.

Findings in this study indicated that less acculturated migrants portrayed a positive enhancement of condom use towards; attitude, subjective norms and intention with significant influence in all the above variables. The more positive the technical skills components of perceived behavioural control towards condom use, the lesser acculturated the migrants. With respect to subjective norms, the indicator *‘I would be capable of using a*

condom efficiently' emerged as a significant predictor of Pan-acculturation. Reason to the above predictor could be traced to youth migrant's knowledge of HIV-AIDS from their culture of origin and endeavour to keep the standards or act upon it. They further have in the host country as indicated by Tantoh (2014), access to free condoms, an aspect contrary to their countries of origin. The above factors may have given birth to youth migrants' ability to either use condoms effectively due to the fear and knowledge about the host country's high infection rate.

Nonetheless, according to Upchurch, Aneshensel, Mudgal, and Sucoff McNeely (2001), when acculturation is considered, there is little difference between more acculturated males and females regarding their sexual behaviour thus suggesting that, more acculturated youth, irrespective of gender, have more tolerant or non-traditional values about sex than their less acculturated peers. This idea is sustained in this dissertation under subjective norms. Accordingly, those that had stayed for a shorter period still hold to the opinion or the perceptions of their peers, relative, reference others and social group back-home.

6.1.4 Research question four: What socio-cultural factors determine the use of condom by youth migrants during sexual intercourse?

According to Lugella *et al.* (2004), a plethora of studies have advocated for the existing association between socio-cultural factors, healthy sexual behavioural choices and condom use. Although condoms have been affirmed and widely promoted in the South African context as the main preventive measure against HIV/AIDS, it is also important to acknowledge the influence of sociocultural "determinants of condom use" (Tarkang, 2009; Mgabo, 2009).the researcher's perspective regarding sociocultural elements represents the following; culture (acculturation), marital status, length of stay in SA (demographic component) in addition referent others (peers, religion and relatives).

Pan-African acculturation orientations of migrants significantly predict condom use. The nature of the association indicates that the lesser people are acculturated, the more they

use condom. This corroborate with the trend of research hypothesis three, whereby, the lesser the acculturation the more positive the predictive components of condom use considered in this study. It was further realized that the trend from the crosstabulations predicting condom use from the accent in English sounds and the origin of words used indicate that the lesser the acculturation the more migrants use condom. This trend was contradicted by the predictive indicator related to cultural identification. But when the very association is carried out with the predictive component identifying the origin of cultural values and beliefs, the trend now revealed that the lesser acculturated the migrants are the more they use condom, thus implying an individual can identify him/herself with a culture, without necessarily believing in that culture. This could also explain why this predictor (*"The culture I identify with the most is..."*) became significant only when controlled for other predictors.

Pan-acculturation when combined with socio-demographic factors, the predictive potential on condom use was significant with higher Explanatory Power thus highly supporting Ajzen (1985) who emphasized on the effect of external factors on the probability to achieve a behavioural goal.

The overall effect of socio-demographic factors on acculturation was significant. Those that had attained tertiary education were the most acculturated ($P < 0.05$), the higher the length of stay the higher the acculturation ($P < 0.05$), the married were the most acculturated ($P < 0.05$). When controlled for each other, age besides the former ones emerged as significant predictor of pan-African acculturation whereby the younger ones were more acculturated.

The more migrants were acculturated the lesser they use condom, and this positively confounded with their length of stay in S.A as the more they stayed the more acculturated they were and the more they stay, the lesser they use condom thus supporting Ajzen (1991)

who highlighted the effect of external factors on willingness to act or likelihood to achieve behavioural goal, acculturation being determined by external factors. In the same line, those migrants that were still at the stage of intention were less acculturated as compared to those that already developed the culture of condom use.

Self-efficacy significantly predicted acculturation and notably the indicator “*I would be capable of using a condom efficiently*”. This could be explained in line with Tantoh (2014) findings based on the silent phase of this research in which it was identified that migrants had knowledge of HIV/AIDS before arriving the host country. Similarly, this influenced their ability to use condom more. Their actions could be further attributed to either free access of condoms in S.A or high prevalence of HIV infection. It also supported the findings reflected under subjective norms, as those that had stayed for a shorter period still hold to the opinion or the perceptions of their peers, relative, referent others and social group back-home.

6.1.5 Research question five: What is the applicability of the Theory of Planned behaviour to condom use intentions and behaviour among youth migrants with respect to sexual activities of youth migrants?

Aizen, (1991) TPB emphasised on perceived behavioural control being the likely wood to either succeed or fail or being either in or not in control of one’s behaviour and the consequences. It is also a value anticipated model where the individual’s attitude, referent others and perceived behavioural control are presumed to influence either positively or otherwise his or her choice towards performing the actual behaviour (TLU, 2009; Ajzen, 1991; 1985).

This dissertation posit that, majority of youth migrants making 59.3% (269) “*had sex with their primary partners in the past 6 months*”. Furthermore, the study indicated that migrants sexual activities has not really evolved from the general population trend of S.A. youth based on a study on youth risk behaviour survey (2008) which revealed that in the

past three months, 52.3% of youth were sexually active. Akon and Monday (2002:1) cited Onyejiaku (1991) acknowledged that the adolescent period is therefore a period of great exploratory activities especially sexual activities. This has consequences for the spread of HIV amongst the youth. Nonetheless, the extent of sexually transmitted infections (STIs), awareness of contraceptives and contraceptive use are essential indicators of sexual health among youth (Dann, 2009). Shisana *et al.* (2009) projected an estimated 10.9% prevalence rate of HIV/AIDS in 2008, more young women are infected than young men. According to the migrants in the current study, they are now experiencing an increasing usage of condom due to its free access.

Socio-demographic characteristics do not significantly predict sexual activities in young migrants. Sexual activity of youth migrants was not significantly dependent of level of school attained, gender, length of stay and relational status ($P>0.05$). Notwithstanding, females are still subjected to male domination. This is evident in this study and predominant in the African context though with a low significance that to a large extent, condom use depends on a man's ability to initiate it. Conversely, Kashima, Gallois and McCamish (1993) suggest that, the act of using condom is more is more than the effort put in by an individual but entails the collaboration of both sexual partner. Considering that individuals are uniquely different, it will also reflect on their intentions concerning condom use. In this study, the intentions to act upon a particular behaviour such as condom use by an individual did not portray the intention of and outcome behaviour of both spouses.

According to findings in the present research, though not significantly dependent of age ($P>0.05$) it was well perceptible that the younger age range (18-25 years) was sexually more active with a proportion of 67.4% (64) for those that "*had sex with their primary partner in the past 6 months*", as against a lesser proportion with 57.1% (205) for those aged 26-35 years.

Though attitude did not significantly predict sexual activities, the trend of association indicated that the more migrants had negative attitude towards condom, the more they engage in sexual activities. Interestingly, Ajzen and Fishbein (1993) posit that, the predictor attitude is more enhanced towards the subject (condom use) than the object/sample (number of partners) towards a particular behaviour). However, the attitude towards the increased number of partners is a poor indicator of preventive health care. Notwithstanding, an individual's attitude was projected as the preferred indicator in the study of condom use. Similarly, a more positive subjective norms towards condom use, indicated that more migrants are sexually active, and this predictive effect was significant.

In terms of intention, the more positive the intention towards condom use, the more migrants are sexually active. The very low explanatory power which seems to contradict the significant p-value simply means that intention consistently across the variability explained influences sexual activities but at a very low rate. In the other sense, this predictive component seems to act more as a consistent moderator and its effect is more perceptible when combined with attitude or subjective norms, thus supporting the theory of reasoned action.

Accordingly, Gilliam, Warden, Goldstein and Tapia (2004) posits that condom use and other contraceptive is a complex behaviour that is strongly influenced by the individual's beliefs about contraception effectiveness. Notwithstanding, Kashima, Gallois and McCamish (1993) suggests that since the collaboration of both sexual partners is need for essential to the usage of condom and not that of an individual. We should also bear in mind that since individuals are uniquely different, this uniqueness will be reflected in their intentions concerning condom use. Hence, the fact that intentions attained from one partner may not project their joint behaviour is a justification in the section of perceived behavioural control, notably the technical skill with relevant indicators as *"I think I would be able to*

remove a condom easily, *'Have had sex with your primary partner in the past 6 months'* and *"I think I am able to put on a condom quickly"* which significantly predict sexual activities. From the above, migrants' testimonial to these may be attribute to preconceived perceptions or unexplained mishaps.

Also, the higher the emotional stand of migrants towards condom use, the more migrants are sexually active as depicted through indicators such as *"I wouldn't mind buying condoms in a department store"*, *"I would feel uncomfortable if I'd carry condoms with me"* and *"I find purchasing condoms at a pharmacist embarrassing"*. In the African context, the act of buying a condom in Africa is still coated with cultural patriarchal basis which leads to embarrassment (Tantoh, 2014). Notwithstanding, the more acculturated females are, the more they are beginning to come out of their cocoon to a world of gender equality, thereby enhancing their capacity to purchase condom and negotiate its use.

Condom use negotiation is the main obstacle to contraceptive use, Fisher (1990), advices that the use of contraception should be discoursed before sex. However, empirical study by Chervin and Martinez (1987) found that 26% of college students communicated the use of condom before sex. In the current research, communication before sex is enhanced as seen in the following findings. The more positive the assertiveness components of perceived behavioural control towards condom use, the more migrants are sexually active with relevant indicators as *"I feel able to convince my partner to use a condom when we have sex together"* and *"I think I could propose condom use without causing my partner feel as if he or she were ill."*

In overall, self-efficacy significantly predicted sexual activities. The combined effect of the predictive components on sexual activities were significant thus supporting the TRA and TPA theories. However, Abraham and Sherran (1996), affirm that because HIV is largely transmitted through sexual behaviour it could be prevented through appropriate behavioural mind set change in; attitudes, referent others opinions and perceived behavioural control relating to sex and the use of male condom. Furthermore, since condom

use involves having access to it and owning it as well as the opportunity of having a potential sexual partner, these elements are assumed to impact on the connection “between intentions and behaviour” (Liska, 1984, as cited in Tarkang, 2009).

6.2 Recommendations

- The South African government should improve on the regularization of migrants as to foster access to health care and so far, their self-efficacy.
- Parents should be sensitized on the need to enhance the use of condom by their teenager.
- Increase sensitization of youth migrants in South Africa on risky sex behaviour and notably the need to use condom.
- Model to enhance condom use shall consider all the subjective components including attitude, subjective norms and self-efficacy because their combined effects strengthen intention and so far, the potential to act or behavioural outcome.

6.3 Suggestions for further research

- ✓ A study exploring the attitude, intention and subjective norms of female in mates in South Africa towards condom use is also recommended.
- ✓ A study on the effect of the idea of obstinance to condom use prediction on youth is recommended.

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APPENDICES

Appendix 1: Consent Forms to Participate in the Condom Use Interview

Page 1 of 2

Project Title	The applicability of the theory of planned behaviour to the condom use intention of migrants youth in South Africa
Purpose	This research project is being conducted by Aunt Tantoh and supervised by prof. Johannes John-Langba of the University of Cape Town. We are inviting you to participate in this study because you are a migrant between the ages of 18-35, and live in either in Johannesburg or Limpopo. As part of the requirements for the degree of PhD in Social Development. The purpose of the research is to determine if attitude, subjective norms and perceived behavioural control can influence behavioural intentions and the behaviour outcome towards condom use, when the theory of planned behaviour is applied.
Methods to be used	Self-administered questionnaire.
Confidentiality	<p>The investigators promise to keep all the information confidential as required by law. To help protect your privacy and confidentiality, we will not ask for your full name, physical address or any other information that may identify you. The researcher will only take notes of your suggestion and comments and will use this information to make changes to the final draft of the survey.</p> <p>Because her notes will not have your name on them the researcher will be unable to link the information to you.</p> <p>All information written down by the researcher will be locked in a locked cupboard in the supervisor's office, in the university of Cape Town. The information will be destroyed 12 months after the survey and only the researcher will have access to the survey.</p> <p>If during the study you disclose to us that you are victim of neglect or abuse by either your parents or spouse, or that your child is a victim of neglect or abuse, I need to inform the child welfare services.</p>
Risks	There are no known physical risks associated with participating in this research. It is possible that you feel uncomfortable answering some sensitive questions about sex.

Project Title	The applicability of theory of planned behaviour to the condom use intention of migrants' youth in South Africa	
Benefits	This research is not designed to help you personally but the results may help the Researchers learn more about what the sexual health services youths need. We hope to use this information to improve youth programs in South Africa.	
Freedom to withdraw	Your participation in this research is completely voluntary. You may choose not to take part at all. You may stop participating any time. You will always be able to use identity Inc. Services no matter if you decide to participate or not participate.	
Medical treatment	The university of Cape Town does not Provide any medical hospitalization or other insurance for participating in this research study nor will the University of Cape Town provide any medical treatment or compensation for any injury sustained as a result of participating in this research study, except as required by law.	
Ask questions	You are encouraged to ask questions or raise any concerns at any time regarding the nature of the study or the methods I am using. Please contact me any time at;_tntaun001@myuct.ac.za or call at 27 081 008 2102.	
Age of Subject & Consent	your signature indicates that: you are at least 18 years of age the research has been explained to you; your questions have been fully answered and; you freely and voluntarily choose to participate in this research project.	
Signature and Date	NAME OF SUBJECT	
	SIGNATURE OF SUBJECT	
	DATE	
Thumb Print		

Appendix 2: Questionnaire

GENERAL INFORMATION

Please leave this section for the researcher

Interview Date		
Participant code	— — — — —	Initials interviewer and 3-digit serial No. (e.g. KS001)

DEMOGRAPHIC DATA

1	Age (years)	
2	Highest level of formal education	<input type="checkbox"/> (1) none <input type="checkbox"/> (2) primary school <input type="checkbox"/> (3) secondary school <input type="checkbox"/> (4) High school <input type="checkbox"/> (5) Undergraduate degree/diploma <input type="checkbox"/> (6) Post graduate Degree/Diploma
3	Gender	Male <input type="checkbox"/> (1) Female <input type="checkbox"/> (2)
4	Length of stay in South Africa	<input type="checkbox"/> (1) 0 - 3yrs..... <input type="checkbox"/> (2) 3-5yrs <input type="checkbox"/> (3) 5-10 <input type="checkbox"/> (4) 10-15 <input type="checkbox"/> (5) +15
5	Country of origin	
6	Home language	
7	Relationship status	<input type="checkbox"/> (1) Married <input type="checkbox"/> (2) Single <input type="checkbox"/> (3) Separated <input type="checkbox"/> (4) Divorced <input type="checkbox"/> (5) Widowed <input type="checkbox"/> (6) Dating <input type="checkbox"/> (7) Engaged

Attitudes towards condom use scale (ATCS)

This section is an indication of your attitude towards condom use. There are no wrong or wright answers tick the box appropriate to you.

	Please indicate how much you agree or disagree with each of the following statements.	Strongly disagree	Some what disagree	Neither disagree or agree	Some what agree	Strongly agree
1	In my opinion, condoms are too much trouble	1	2	3	4	5
2	Condoms are unreliable	1	2	3	4	5
3	Condoms are pleasant to use	1	2	3	4	5
4	The neatness of condoms, for example, no wet spot on the bed, makes them attractive	1	2	3	4	5
5	I see the use of a condom as adding to the excitement of foreplay if the female partner helps the male put it in place	1	2	3	4	5
6	I would be willing to try a condom, even if I have never used one before	1	2	3	4	5
	Please indicate how much you agree or disagree with each of the following statements.	Strongly disagree	Some what disagree	Neither disagree or agree	Some what agree	Strongly agree
7	There is no reason why a woman should be embarrassed to suggest a condom	1	2	3	4	5
8	Women think men who use condoms show concern and caring	1	2	3	4	5
9	I intend to try condoms	1	2	3	4	5
10	I think proper use of a condom can enhance sexual pleasures	1	2	3	4	5
11	Many people make use of the condom as an erotic part of foreplay	1	2	3	4	5
12	All things considered, condoms seem safer to me than any other form of contraception except abstinence	1	2	3	4	5
13	I just don't like the idea of using condoms	1	2	3	4	5
14	I think condoms look ridiculous	1	2	3	4	5
15	Condoms are inconvenient	1	2	3	4	5
16	I see no reason to be embarrassed by the use of condoms	1	2	3	4	5

17	Condoms are uncomfortable	1	2	3	4	5
18	Using a condom makes sex unenjoyable	1	2	3	4	5
19	I would avoid using condoms if at all possible	1	2	3	4	5
20	I would be comfortable suggesting that my partner and I use a condom	1	2	3	4	5
21	Condoms ruin the sex act	1	2	3	4	5
22	Condoms are uncomfortable for both partners	1	2	3	4	5
23	Women think men who use condoms are foolish and ill mannered	1	2	3	4	5
24	The idea of using a condom doesn't appeal to me	1	2	3	4	5
25	Use of the condom is an interruption of foreplay	1	2	3	4	5
26	What to do with a condom after use is a real problem	1	2	3	4	5
27	The thought of using a condom is disgusting	1	2	3	4	5
28	Having to stop to put on a condom takes all the romance out of sex	1	2	3	4	5
	Please indicate how much you agree or disagree with each of the following statements.	Strongly disagree	Some What disagree	Neither agree or disagree	Some what agree	Strongly agree
29	Most women don't like for their partners to use condoms	1	2	3	4	5
30	I don't think condoms interfere with the enjoyment of sex	1	2	3	4	5
31	There is no way that using a condom can be pleasant	1	2	3	4	5
32	Using a condom requires taking time out of foreplay, which interrupts the pleasure of sex	1	2	3	4	5
33	I think condoms are an excellent means of contraception	1	2	3	4	5
34	Condoms seem unreliable	1	2	3	4	5
35	There is no reason why a man should be embarrassed to suggest using a condom	1	2	3	4	5

36	To most women, a man who uses a condom is sexier than one who leaves protection up to the woman	1	2	3	4	5
37	The condom is a highly satisfactory form of contraception	1	2	3	4	5
38	I would have no objection if my partner suggested that we use a condom	1	2	3	4	5
39	The skilful woman can make placing a condom a highly erotic experience	1	2	3	4	5

Referent group norms of condom use scale. This section will assess how the opinions of others might or might not influence your ability to use condom.

	Please indicate how much you agree or disagree with each of the following statements	Strongly disagree	Somewhat disagree	Neither disagree	Somewhat agree	Strongly agree
1	Most people who are important to me would think it is important to use a condom in my next sexual encounter	1	2	3	4	5
2	Most people who are important to me think that condom use is desirable	1	2	3	4	5
3	Most others who are important to me think that I should use a condom in my next sexual encounter	1	2	3	4	5
	Please indicate how much you agree or disagree with each of the following statements	Strongly disagree	Somewhat disagree	Neither disagree	Somewhat agree	Strongly agree
4	Thinking of my friends and peers. I think they would think that using a condom in my next sexual encounter is a good thing to do	1	2	3	4	5
5	Thinking of my parents, family. I think that they would think that using a condom in my next sexual encounter is a good thing to do	1	2	3	4	5
6	Many people from my church (pastor and congregation mates) would think that using a condom in my next sexual encounter is a good thing to do	1	2	3	4	5
7	Many of my friends would use a condom in their sexual encounter	1	2	3	4	5
8	Thinking of my friends and peers. I think many of them would use a condom in their sexual encounter	1	2	3	4	5
9	My attitudes and beliefs, are similar to that of my friends and peers	1	2	3	4	5
10	Thinking of who I am. Being a member of my group of friends and peers and having their approval is very important to me	1	2	3	4	5

Condom self-efficacy scale

This section will affirm your decision making ability to use or not to use condom. This scale has six sub- domains (technical skills, image confidence, emotion control, purchase, assertiveness, and sexual control) The response options from this scale ranges from strongly disagree (1) to strongly agree (5)

	Please indicate how much you agree or disagree with each of the following statements.	Strongly disagree	Some what disagree	Neither agree or disagree	Somewhat agree	Strongly agree
	<i>Factor 1: Technical skills</i>					
1	I feel confident in my ability to put on a condom to myself or my partner	1	2	3	4	5
2	I would be capable of using a condom efficiently	1	2	3	4	5
3	I think I would be able to remove a condom easily	1	2	3	4	5
	Please indicate how much sure or unsure you are with each of the following statements.	Strongly disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Strongly agree
4	Putting on a condom would make me feel uncomfortable	1	2	3	4	5
5	I think I am able to put on a condom quickly	1	2	3	4	5
6	I would be able to get condoms out of a condom machine in a pub or dance without any problem	1	2	3	4	5
	<i>Factor 2: Image confidence</i>					
7	I would not dare to propose condom use to a new partner because this might suggest my partner has an STD	1	2	3	4	5
8	I would not dare to propose condom use to a new partner because this might suggest I have an STD	1	2	3	4	5
9	I would not dare to propose condom use because this might suggest I have slept with several partners	1	2	3	4	5
10	I think I could propose condom use without causing my partner feel as if he or she were ill	1	2	3	4	5
11	If I were to propose condom use, I would be afraid to be rejected	1	2	3	4	5
12	I would not dare to propose condom use to a new partner because this might suggest homosexual experiences	1	2	3	4	5
	<i>Factor 3: Emotion control</i>					

13	None of us has got a condom, so we would have to buy one. In that case I think I would have sex without a condom	1	2	3	4	5
14	If I would have sex unexpectedly I would forget to use a condom	1	2	3	4	5
15	If I would be drunk a little, I would not be able to stop making love to put on a condom first	1	2	3	4	5
16	Even if I would be very much in love, I would think of using a condom when I have sex with my partner for the first time	1	2	3	4	5
17	If I would have sex with my partner for the first time, I would hardly be able to wait until the condom has been put on	1	2	3	4	5
	Please indicate how much sure or unsure you are with each of the following statements.	Strongly disagree	Some what	Neither agree or disagree	Somewhat agree	Strongly agree
	<i>Factor 4: Purchase</i>					
18	I can get condoms whenever I want without difficulty	1	2	3	4	5
19	I wouldn't mind buying condoms in a department store	1	2	3	4	5
20	I would feel uncomfortable if I'd carry condoms with me	1	2	3	4	5
21	I find purchasing condoms at a pharmacist embarrassing	1	2	3	4	5
22	I dare to get condoms out of a condom machine in a pub or dance without any problem	1	2	3	4	5
	<i>Factor 5: Assertiveness</i>					
23	I feel able to convince my partner to use a condom when we have sex together	1	2	3	4	5
24	If my partner wouldn't want to use a condom, I could easily convince him/her of its necessity	1	2	3	4	5
25	I would not propose using a condom if I didn't know how my partner feels about condom use	1	2	3	4	5
26	None of us has got a condom, so we would have to buy one. In that case I think I would have sex without a condom	1	2	3	4	5
27	I think I could propose condom use without causing my partner feel as if he or she were ill	1	2	3	4	5

28	I see myself as capable of buying condoms at a duty pharmacist during the evening	1	2	3	4	5
	<i>Factor 6: Sexual control</i>					
29	I feel able to use a condom together with my partner without breaking the mood	1	2	3	4	5
30	I think I could use a condom without lessening sexual excitement	1	2	3	4	5
31	If my partner would carry a condom I would certainly manage to use one	1	2	3	4	5
32	I feel I am able to integrate putting on a condom into the foreplay	1	2	3	4	5

Intention of sexual behaviour scale

This section will determine your intention to use condoms whenever you engage in premarital/marital sex.

	Please indicate how much you agree or disagree with each of the following questions	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1	If you have sex with a casual partner over the next 2 months, do you intend to use a condom?	1	2	3	4	5
2	If you have sex with a casual partner over the next 2 months, do you expect to use a condom?	1	2	3	4	5
3	Is it likely that you will use a condom if you have vaginal and/or anal sex with a casual partner in the next 2 months?''	1	2	3	4	5

A modified version of the Pan-Acculturation Scale

As individuals, we might belong to one country of origin or ethnic group. However, some people belong to more than one cultural groups. When this is true, a person might find one cultural group more influential than another. Cultural and ethnic groups are important because they can influence our beliefs, traditions, and how we think, feel and act. The questions that follow is for the purpose of collecting information about your historical background as well as more **RECENT** behaviours that may be related to your **CURRENT** cultural identity.

Choose the one answer that best defines you

	My characteristics	My country of origin	South African	Both	Neither
1	My accent in my native language sounds like people from...	1	2	3	4
2	My accent in English sounds like people from...	1	2	3	4
3	I talk like people from...	1	2	3	4
4	The words I use are from...	1	2	3	4
5	I am very proud of...	1	2	3	4
6	I am excited about being a member of...	1	2	3	4
	My characteristics	My country of origin	South African	Both	Neither
7	I am very close or attached to...	1	2	3	4
8	My best friends are from...	1	2	3	4
9	The people I see every day are from...	1	2	3	4
10	The people I hang out with are from...	1	2	3	4
11	The foods I eat are from...	1	2	3	4
12	The traditions I follow are from...	1	2	3	4
13	The music I listen to is from...	1	2	3	4
14	The celebrations I go to are from...	1	2	3	4
15	My cultural values and beliefs are from...	1	2	3	4
16	The culture I identify with the most is...	1	2	3	4
17	The culture that influences the way I think and see things is from...	1	2	3	4
18	My religion is from...	1	2	3	4
19	My role models are from...	1	2	3	4
20	My parents are from...	1	2	3	4
21	My relatives are from...	1	2	3	4
22	The people I like to be with are from...	1	2	3	4
23	The people I go to school or work with are from...	1	2	3	4

Sexual Activities and Condom Use

- 1: Have you had sex with your primary partner in the past 6 months? YES NO
2. Did you use a condom when having sex in your last sexual encounter? YES NO

THANK YOU FOR YOU FOR PARTICIPATING IN THIS STUDY

Appendix 3: Application for registration as a Ph.D. Candidate



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E-mail: ddb@uct.ac.za

13 October 2016

STRICTLY CONFIDENTIAL

Ms AMM Tantoh TANTAUN001
TANTAUN001@myuct.ac.za

Dear Ms Tantoh

APPLICATION FOR REGISTRATION AS A PhD CANDIDATE

I am pleased to inform you that the DOCTORAL DEGREES BOARD OFFICE has approved your admission as a candidate for the PhD under the supervision of Dr J John-Langba.

The University requires that you are registered for a minimum period of two years, provided you maintain unbroken registration and comply with the rules for the degree. If you first register for the degree after 1 May, you may not count the remainder of the year as part of the minimum prescribed period of study for the programme. Provided you have met with these requirements, the earliest date on which you will be able to graduate is therefore two years after your first registration. I would like to remind you that you must renew your registration every year, not later than the last day of February.

Senate has adopted a set of guidelines for supervision for the information and use of candidates and supervisors. A copy of this is attached and we hope it will be useful.

The rules for the PhD (copy enclosed) give the dates by which you must notify this office of your intention to submit a thesis for examination. Early notification alerts the DDB to prepare for the examination process by getting examiners nominated, approaching them and obtaining their agreement before your thesis arrives. When advising of intention to submit, include the following information - student number, full names, postal address, thesis title, department and name of supervisor/s where any supervisor is not in the same department or at another university please indicate this.

Please note that there is an upper limit of 80 000 words on the main text of your thesis. Any request to exceed this limit must be discussed with the supervisor and final approval must be obtained from the Dean.

We wish you well with your research.

Yours sincerely



Janine Isaacs (Mrs)
Doctoral Degrees Board Office
cc: Dr J John-Langba (Social Development)
FACULTY OF HUMANITIES
Ref: CC042016
Attachment

Appendix 4: Approval of scholarship by the National Institute for Humanities and Social Sciences



24 March 2016

Aunt Tantoh
32 Coombe Road
Plumstead

7800

Dear Aunt,

NIHSS-SAHUDA DOCTORAL SCHOLARSHIP AWARD FOR 2016/17

On behalf of the National Institute for the Humanities and Social Sciences (NIHSS), it is with great pleasure that I inform you that your scholarship application has been reviewed and approved for funding.

THE SCHOLARSHIP CONSISTS OF THE FOLLOWING:

Amount	: R 126 000
Period of Support	: 12 months (January 2016- December 2016)
Institution	: University of Cape Town

Should you wish to accept the scholarship, please submit the following documents to the relevant NSFAS officer at your institution, no later than 29th April 2016:

- Completed and hand-signed Schedule of Particulars (SOP) which must be requested and submitted to a relevant NSFAS officer at your institution.
- Certified copy of your identity document.
- Proof of registration.

In addition, you must submit your scholarship acceptance form to the NIHSS at scholarships@nihss.ac.za no later than 29th April 2016.

RELEASE AND PAYMENT OF FUNDS

Please note that the scholarship will only be authorised for payment to your institution upon signing of the Schedule of Particulars, scholarship agreement and all other required documents, which must be submitted to the relevant NSFAS Officer based at your institution. The annual scholarship amount is R126, 000.00 (one hundred and twenty-six thousand rand only) for doctoral study and will be paid by NSFAS to your institution. The scholarship funds will be administered

according to the financial policies and procedures of the institution where you are based.

ENQUIRIES

Please note that all enquiries regarding the scholarship can be directed to:
Programme Coordinator
Ms June-Rose Ngcobo
junerose@nihss.ac.za
081 753 4665

The Institute is looking forward to your important contribution in promoting and advancing research in the humanities and social sciences.

Yours sincerely,

Signature Removed

Dr Sarah Mosoetsa
CEO: National Institute for the Social Sciences and Humanities

Appendix 5: University of Cape Town, Proposal Approval



UNIVERSITY OF CAPE TOWN
FACULTY OF HUMANITIES
PROPOSAL APPROVAL FORM

DC: H2B /

DOCTORATE <small>(A research proposal must accompany this form)</small>	RESEARCH MASTERS <small>(A research proposal must accompany this form)</small>	C/W MASTERS
---	--	--------------------

SECTION A: (To be completed by candidate)
Please complete this form and return it to the Faculty Office once you have obtained the signatures of the supervisor(s) and Head of Department.

Surname		First Name(s)	
Title	Mr. / Ms. / Mrs. / Miss	Student No.	
Address			
Telephone/home			
Work/Cell		Email	
Note: Your UCT Email address is the default email address for all official communication - make sure that you access it regularly.			
Department			
Title of Dissertation			

Qualifications held			
Degree/Diploma	Major(s) & Subjects	Month/Year awarded	University
B.A. Honours	Social Development	2008	UCT, Cape Town
Master's	Social Development	2014	UCT, Cape Town

Signature of candidate: _____ Date: 1/01/2016

SECTION B:

	Name	Signature	Date
Supervisor	Dr. J. Smith-Lewis	Signature Removed	12/1/2016
Co-supervisor (if applicable)			
HOD	pp Dr. Coburn	Signature Removed	17/01/2016
Deputy Dean Research			
Where approval obtained where applicable	on behalf of Departmental Ethics Committee	Signature Removed	17/01/2016

Originals to Faculty (Bogus)

UNIVERSITY OF CAPE TOWN
Department of Social Development: ETHICS REVIEW FORM

ETHICS REVIEW FORM : JOINT STATEMENT BY STUDENT & SUPERVISOR
This form is filled in jointly by the student and the supervisor

PROCESS:

Student and Supervisor need to read the UCT/FACULTY ETHICS GUIDELINES on the WEBSITE.

The ethics pertaining to the profession of Social Work also needs to be taken cognizance of in relation to social work students/candidates carrying out research with human participants.

Once this ethics review form has been completed it is submitted to the Departments' Ethics Review Committee which according to the Guidelines laid down should consist of no less than three academics who will do the reviewing. In our instance the HOD as well as the designated committee members should assess the proposal/ethics.

Once the Department approves the proposal/ethics then only is it sent through to faculty.

This form should be completed by the research student and then co-signed by student and supervisor. Tick the YES or NO box, and write in details where appropriate. Please read the UCT Ethics Guidelines involving Human Subjects before completing the form. Ask your supervisor for clarification and help if needed.

Student researcher Name: *Signature Removed* TANTON
Student number: TANTAUN001

Title of research project: The applicability of the theory of planned behaviour (TPB) to the condom use intentions and behaviour of migrant youth in South Africa.

Course Code: SWK 6002W

Degree : PhD in Social Development)

Supervisor (Name): Dr. Johannes John Langba

1. Have you read the UCT Guidelines for Research Involving Human Subjects? (available from supervisor or at the UCT web-site - go to Research/ go to Standards and Procedures)	YES ✓	NO
--	-------	----

2. Is your research making use of human subjects as sources of data?	YES ✓	NO
--	-------	----

Objectives, Methodology

<p>3. Study Aims/Objectives</p> <p>The aim of the proposed study is to investigate the applicability of the Theory of Planned Behaviour to the condom use behaviours and intentions of migrant youth in South Africa</p> <p>The specific objectives of the proposed study include to:</p> <ol style="list-style-type: none"> 1. Examine the nature and extent of condom use among migrant youth using a quantitative research methodology and a cross-sectional research design; 2. Assess the predictors of condom use among migrant youth and identify socio-cultural factors influencing the condom use intentions of migrant youth using multivariate statistical analysis of the cross-sectional data as well as through qualitative elicitation study interviews; 3. Assess the applicability of the Theory of Planned Behaviour (TPB) to the condom use intentions and behaviour of migrant youth in South Africa

4. Methodology: specify Design:
 5. This study will employ a quantitative research design using a survey questionnaire.

Who will be sampled? (target group): The target group of this study will involve African migrant youth in South Africa, aged 18-24 years. $18 \sim 24$.

How will sampling be done?
 Sampling will be done through a time-location sampling procedure. Participants will be recruited from migrant service organisations in South Africa. Based on sample size determination calculations, a minimum of 402 migrant youth will be interviewed based on a power of 80% and an effect size of .25.

By time location I mean that I will locate potential participants on Cape Town + Johannesburg by going to their finding places and place of working. I will also record the below 18-24 yrs. Migrant youth will be given to them once an interview has been set up.

6. Will participants (research subjects) to the research have reasonable and sufficient knowledge about you, your background and location, and your research intentions? Describe briefly below how such information will be given to them. If there is any reason for withholding any information from participants about your identity and your research purpose, explain this in detail below.	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
--	---	-----------------------------

During the recruitment process, participants will be briefed about the study and the researcher and will be given the opportunity to obtain from the study in detail. Participants will be briefed on the study (its objectives, purpose and intervention potential), confidentiality and consent to establish a conducive and convenient environment free from discomfort to enhance the research outcome. Questionnaires will be designed in English and French for better comprehension and delivery of participants as they participate in the study. Participants will sign a consent form and will be informed in either English or French. Participation in this study will be voluntary and the respondents will be informed about the research prior to their participation.

Will there not be a bias in those who can speak French fluently + those who cannot speak English as fluently as their mother tongue?

Consent & Transparency of Findings

<p>7. Will you secure the informed consent of all participants in the research? Describe how you will do this in the space below. If your answer is NO, give reasons below.</p>	YES ✓	NO
<p>Informed consent will be secured through a written informed consent form that will include details about ^{about} the research and the aims and objectives of the study. The consent form will also include information about confidentiality, privacy, anonymity, voluntary participation and the risks and benefits of participating in the study.</p>		

<p>8. In the case of research involving children, will you have the consent of their guardians, parents / caretakers? If your answer is NO, give reasons below. If your answer is YES, describe briefly how this consent will be got from the participants.</p>	YES	NO ✓
<p>This research does not involve children</p>		

9. In the case of research involving children, will you have the consent of the children as much as that is possible? If your answer is YES, describe briefly how this consent will be got from the children. If your answer is NO, give reasons below.	YES	NO ✓
Not applicable		

Confidentiality

10. Are you able to offer privacy and confidentiality to participants if they wish to remain anonymous? If you answer YES then give details below as to what steps you will take to ensure participants' confidentiality. If there are any aspects of your research where there might be difficulties or problems with regard to protecting the confidentiality and rights of participants and honouring their trust, explain this in detail below.	YES ✓	NO
<p>The interviews will be conducted in private and all data collected will be entered into SPSS and password coded to assure confidentiality. Only the student and her supervisor will have access to the data.</p> <p>Data will be kept confidential - only the researcher and supervisor will have access to the data which will be kept in a secure place & destroyed 5 yrs later. Pseudonyms will be used to protect individuals & assure anonymity. No direct links between quotes & individuals will be possible.</p>		

Potential for harm to participants

11. Are there any foreseeable risks of physical, psychological or social harm to participants that might result from or occur in the course of the research? If your answer is YES, outline below what these risks might be and what preventative steps you plan to take to prevent such harm from being suffered.	YES	NO ✓

Potential for harm to UCT or other institutions

12. Are there any foreseeable risks of harm to UCT or to other institutions that might result from or occur in the course of the research? e.g., legal action resulting from the research, the image of the university being affected by association with the research project, or a school being compromised in the eyes of the Education Ministry. If your answer is YES, give details and state below why you think the research is nonetheless worthwhile.	YES	NO ✓

13. Are there any other ethical issues that you think might arise during the course of the research? (e.g., with regard to conflicts of interests amongst participants and/or institutions) If your answer is YES, give details and say what you plan to do about it.	YES	NO ✓
---	-----	------

Signed: Student: Signatures Removed

Co-signed:

Supervisor:

on behalf of
J. J. Radford

Date handed to the Dept Review Committee: Jan 2016

Date of Review Meeting 29/12/2016

Actual Time spent on review 5min

Departmentally approved (YES/NO) if yes then passed on to Faculty if NO then returned to supervisor OR sent to Faculty Ethics Committee for further assessment.

Date forwarded to Faculty for approval NOT needed

Dr C.O'Arma. I do not foresee any major ethical barriers. This is an interesting study

Dr. Chasi Kubecca

Had a discussion with Student about the ethics question + this was amended.

Appendix 6: Letter of Award of funding by European Commission within the framework of the Erasmus Mundus Partnerships programme



LETTER OF AWARD
EUSA_ID

funded by the European Commission within the framework of the Erasmus Mundus Partnerships programme

offers study, training and research opportunities in Europe for South African Master and PhD candidates and staff and research opportunities for European PhD candidates in South Africa

The consortium,
consisting of the Institute of Development Research and Development Policy, IEE, at Ruhr University of Bochum, RUB (coordinator), the Institute for Social Development, ISD, University of the Western Cape, UWC (co-coordinator)
and the International Institute of Social Studies, Erasmus University Rotterdam (The Netherlands), the Institute of Political Science, University Duisburg-Essen (Germany), the Department of Development Studies, Palacký University (Czech Republic), the University of Bordeaux, Sciences Po Bordeaux, the Economics Department, University Paris 1 Panthéon Sorbonne (France), the Department of Social Sciences and Philosophy, University of Jyväskylä (Finland), the Department of Development Studies, Nelson Mandela Metropolitan University, the School of Economics, University of Cape Town, the Department of Development Studies, University of Fort Hare, Development Studies, School of Built Environment and Development Studies, University of KwaZulu Natal, the Turfloop Graduate School of Leadership, University of Limpopo (South Africa),

herewith grants

Aunt Nanyongo Mosima Tantoh

a scholarship for a research period
at the Ruhr-University Bochum
to participate in the PhD in International Development Studies
for a period of up to 12 months upon conditions specified in the
scholarship contract

Bochum, Germany, 21.12.2015

Signature Removed

Dr. Gabriele Böcker
Executive Director, IEE- RUB
On behalf of the EUSA_ID coordinator

Appendix 7: Acceptance letter for a Ph.D. Programme in International Development Studies at RUB.



RUHR-UNIVERSITÄT BOCHUM | 44780 Bochum / Germany

To Aunt Nanyongo Mosima Tantoh
32 Commbe Road
Plumstead
Cape Town, 7800
South Africa

Email: suntietantoh@yahoo.com

INSTITUT FÜR
ENTWICKLUNGSFORSCHUNG
UND ENTWICKLUNGSPOLITIK

Geschäftsführender Direktor
& Lehrstuhl für Entwicklungsforschung
Gebäude 68 1/60
Universitätsstraße 150, 44801 Bochum

Prof. Dr. Wilhelm Löwenstein
Fon | +49 (0)234 32-22418
Fax | +49 (0)234 32-14294
wilhelm.loewenstein@rub.de
www.development-research.org

Datum
10. Februar 2016

PhD-programm in International Development Studies at RUB: Letter of Acceptance

Dear Ms. Tantoh,

This is to inform you that the Board of the PhD-programm in International Development Studies accepted your application and welcomes you for a research mobility period of 12 months as a future member of the program at the Ruhr-University Bochum, Germany. The program shall start in June 2016. All courses are taught in english!

Your research stay will be financed by a EUSA_ID scholarship

In the next few weeks Dr. Anja Zorob, Assistant Dean of the PhD in International Development Studies will send you more detailed information about and around the program. In case you have any questions please do not hesitate to contact us.

Signature Removed

Prof. Dr. Wilhelm Löwenstein
(Speaker PhD IDS)

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